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**A Healing Space:
A Museum-based Workshop for the Promotion of Psychological
Wellbeing in College Students**

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Abstract

A Healing Space: A Museum-based Workshop for the Promotion of Psychological Wellbeing in College Students

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An increasing number of college and university students are experiencing considerable challenges to their psychological wellbeing, including depressive symptomatology and high levels of perceived stress. The current pilot study addresses the growing need for the promotion of wellbeing in college students through the use an innovative workshop that integrates narrative approaches with therapeutic art-viewing to take treatment out of overburdened campus counseling centers and into an alternative space: campus art galleries and museums. While some extant research has touched on the healing potential of museum-based interventions, there has been little exploration on its use with college students. The current mixed-methods study examined the effects of a four-session workshop designed to help students alter negative life-stories by using engagement with art objects as points of discovery for positive personal narratives. Fifteen participants (n=15) were drawn from a convenience sample of students from the University of Texas at Austin; inclusion criteria included a minimum score of “5” on the PHQ-9, a validated measure of depressive symptom severity. Pre- and posttest measures

were collected on primary variables of interest over the course of the workshop, including measures for depressive symptomatology, perceived stress, and level of insight/self-reflection. Paired sample t-tests revealed statistically significant improvements in key variables of interest, while qualitative data gathered during and post treatment revealed several clinically relevant themes to suggest that this innovative, arts-based intervention encouraged positive shifts in personal narratives and bolstered mental wellbeing among participants.

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Chapter 1: Introduction

“I hate this,” my student emphatically stated. “I really hate this.”

We stood in front of Joan Mitchell’s *Rock Bottom* (1960-1961) in the Blanton Museum of Art’s contemporary art gallery, face to face with a large canvas full of brightly colored paint splashes in blues and reds (see Figure 1). In the spring of 2014, I was teaching an introductory art history class at a local college as an adjunct art history lecturer, and I had taken my class to the museum on a field trip for an in-person experience of the various art styles and movements we had been learning over the past few weeks. Pausing in the contemporary art gallery to explore Abstract Expressionism, this particular work had clearly struck a chord with my student—albeit, a sour one.

The frustration he exhibited while examining the artwork was obvious. He glared at the painting, shook his head, sighed. Curious about his strong reaction, I inquired as to why he hated it so much. He explained that it was so ugly and unattractive, and above all, confusing. Having used this work many times over the course of my career as an art history lecturer and also as a member of the Blanton’s museum education department, I had seen most reactions to the painting range from bemusement (i.e., “My two year old can do that”) to true appreciation (i.e., “Mitchell was brilliant, better than Pollock!”). My student’s reaction, particularly the powerful emotion it evoked within him, was different than what I had observed in others before.

I pressed him about what he disliked so much, and finally, he sighed and admitted that, “When I see this painting, it reminds me of my own life. Chaotic and pointless.”

Struck by his words, I paused. Over the course of the semester, I thought I had come to know my student fairly well. He was very diligent, never missing a class and always arriving early. He had identified himself to me as a student Veteran interested in

pursuing graphic art or design as a post-service vocation. Friendly, hard-working and enthusiastic about art, I thought he exhibited a lot of potential for success in college as well as in his future career. My experience of him as a student in my class had certainly not suggested to me a “chaotic and pointless” life.



Figure 1. Joan Mitchell, Rock Bottom (1960-1961).

Artwork is oil on canvas, 78in x 68in. The Blanton Museum of Art, The University of Texas at Austin, Gift of Mari and James A. Michener, 1991. © Estate of Joan Mitchell.

I contemplated the Mitchell painting with him, taking in the energetic splashes of red and blue paint. As with many Abstract Expressionist works created in the 1960s, the

painting was raw and spontaneous, and clearly it reflected something deep and personal within my student.

“But is the painting completely chaotic?” I asked him. “Are the colors totally random?”

“No,” he admitted after a thoughtful moment. “Hmm. They actually go okay together.”

At the time, I was unsure of what to say or do next. My training up to this point in my career was almost exclusively in studio art, art history, and museum education, and I was still processing my student’s reaction and the personal meaning the painting held for him. In the moment, diving into a discussion about the influential art critic Clement Greenberg and Modernism seemed trite. However, at the end of the field trip as the class packed up and prepared to leave the museum, the student came up to me.

“You know what?” he said. “Maybe that painting isn’t so bad. It just takes a little while to appreciate it.”

§

Years later, I continue to recount this experience as one of the many influential moments I have had teaching in museum galleries which helped me recognize the potential of artwork to not only elicit personal reactions but also to inspire personal reflection and meaning-making. My student had initially interpreted the Mitchell painting as a representation of what he perceived of his own life—chaotic and without direction or purpose. However, when challenged to explore the artwork more deeply and thoughtfully, something shifted in his understanding of his life narrative as well.

Conceptualizing the function and purpose of art objects as a healing, psychotherapeutic tool is a departure from the more traditional, curatorial perspectives of the field of art history, and instead aligns with a more visitor-centered, interpretation-

based pedagogy of art and museum education (Mayer, 2005). This challenges many assumptions visitors and museum professionals may bring with them in to the galleries, particularly in terms of what art should be used for (i.e., passive looking) and how one should behave in these spaces (i.e., being quiet), and positions the museum instead as a setting where transformative, meaningful experiences can occur *within* a visitor (Mayer, 2014). In this way, engaging with art objects on a deeper, contemplative level could be used as a tool not just to teach art history or support academic learning, but to promote meaningful exploration of the heart and mind. Art educator Donalyn Heise (2014) has also advocated for engagement with art objects as a powerful tool for building protective factors such as resiliency and creativity in adolescents, helping to strengthen the psyche against the negative impacts of trauma. She highlights the ability of art to help young people reframe adversity, cultivating a sense of possibility and potential versus despair.

With art educators championing the power of art to heal, nurture, and strengthen communities, it appeared shocking to me that college mental health providers have largely underutilized campus art museums as a resource for supporting the mental health of college students and campus community members.

Often described as an invaluable opportunity for personal growth and exploration, the college or university experience can be an exciting time for many students across the United States. Researchers have noted the sociability and creativity in this population, with everyday experiences and social interactions serving as sources for ingenuity and identity development (Pachucki, Lena, & Tepper, 2010). For others, however, psychosocial challenges inherent to the college years can be mentally and emotionally devastating. Evidence suggests that contemporary college students are more vulnerable to stress than ever before, and are at higher risk for the onset of affective disorders (Cuijpers et al., 2016; Lewin, 2011). Indeed, students in higher education are reporting some of the

highest levels of psychological distress in decades, with depression, anxiety, and related symptoms chief among complaints (Ibrahim, Kelly, Adams & Glazebrook, 2013; Lewin, 2011). It is theorized that the experience of depression and other mental health challenges in this population can be traced to several potential causes, including having a limited understanding of internal experiences and emotions, as well as adopting and internalizing negative, self-defeating personal narratives (Hunt & Eisenberg, 2010; Santa Rita, 1998). Moreover, there is support for a dual-factor model of mental health that includes both level of psychological distress and level of psychological wellbeing as contributors to overall health, calling on providers to help individuals cultivate strength-oriented dimensions of being such as resiliency and hopefulness in order to promote good mental health (Renshaw & Cohen, 2014).

Administrators have attempted to address the growing concern over students' psychological needs, making campus-wide efforts to promote mental health care as a part of overall wellbeing (Jones, Watt, Levine, & Watt, 2017). Though more students are seeking out treatment than in previous years, the troubling truth is that many will not receive the care they need (Kirsch et al., 2014). In part this is due to a shortage of services that over-taxed campus counseling centers are able to provide (Jones et al., 2017). However, many students continue to exhibit limited help-seeking behaviors, citing stigma associated with traditional mental health services (i.e., individual psychotherapy) as a primary reason for not requesting help (Meyer, Morrison, Lombardero, Swingle, & Campbell, 2016).

There are many approaches to treating depressive symptoms and promoting mental wellness, however the unique developmental needs of college students and the nature of the etiology associated with their psychological distress has inspired researchers to seek out innovative modes of treatment that connect more effectively with this

population (Mobley, 2008). Additionally, researchers and university administrators have called for therapeutic programming that equally emphasizes the promotion of psychological wellbeing as a key factor for nurturing mental health among college students (Turner, Scott-Young, & Holdsworth, 2017). Narrative therapy and the practices inherent to this approach appear to be well suited for helping college and university students change negative self-beliefs maintained through personal narratives imbued with helplessness and hopelessness (Rodriguez, Bayon, Palaotarrero, & Liria, 2014). However, traditional narrative-based therapies rely on conventional modes of service delivery, such as meeting one-on-one with a therapist at a campus counseling center. In leaning on these business-as-usual approaches to treatment, the same challenges surface in terms of appeal and connection with contemporary university students, not to mention the limited resources available at university counseling centers.

Sifting through the rich traditions of art therapy, museum education, and projective techniques in psychotherapy, the current study defines a new tool for the healing arts: engagement with art objects in the service of reflection and self-authorship. The meaning of the word engagement itself denotes emotional involvement or commitment (Merriam-Webster, n.d.). In its intransitive verb form, engaged, the term becomes expressive of active involvement and connection. From a psychological perspective, the construct of engagement involves the pursuit of meaningful activities connected to personal fulfillment, and has been associated with positive life satisfaction and mental wellbeing (Gender, Proyer & Puch, 2016; Seligman, 2002). These conceptualizations capture the essence of what I have attempted to describe through terms such as “engagement with art objects” or “engaging in art”; it is a process much deeper than the act of simply looking or viewing art, a behavior itself that might not extend beyond the passive consumption of art as visual commodity. In the context of art

viewing, psychologist Jeffery K. Smith (2014a) has noted that an average viewer might spend all of ten seconds in front of a major work of art (p. 49). However, in the context of engagement, where viewing is coupled with connection, reflection, discussion, and limitless possibilities for interpretation, a work of art may become a “special mirror” through which humankind can cultivate existential, meaningful thoughts on the past, present and future (Smith, 2014a, p. 89). As therapeutic process, engagement with art objects through museum-based, group interventions exhibits much promise as a therapeutic tool for facilitating the process of narrative change in unique, dynamic and appealing ways. For example, researchers have observed that contemplation and reflection of the self via the experience of artwork enables personal exploration by providing a safe avenue for viewers to externalize difficult emotions or experiences (e.g., Camic & Chatterjee, 2013; Lanceley et al., 2011).

Engaging with art objects can also be helpful for disrupting cognitive habits and automatic functioning, encouraging mindful introspection and meaningful engagement with others who are sharing in the viewing experience (de Botton & Armstrong, 2013). In this way, art engagement within a group context provides participants with valuable opportunities to experience social connectedness and interpersonal dialog, with artworks serving as metaphors, mirrors for self-reflection, and points for novel encounters that are essential for promoting change (Matto, Corcoran, & Fassler, 2003). Establishing trust in group dynamics is essential for this healing process to occur, and a collaborative discussion between members and facilitators to establish group norms, confidentiality and participation expectations solidifies confidence between members (Jacobs, Masson, Harvill & Schimmel, 2012; Yalom, 2005). Meanwhile, the museum space itself holds much therapeutic promise in its role as a cultural institution, one that asks visitors to contemplate, “who we are, who we were, and who we might become” (Smith, 2014a,

p.12). And when considering the environment as a therapeutic component itself, the art museum can serve as a healing space that challenges both stigma associated with traditional mental health care settings (Bennington, Backos, Harrison, Reader, & Carolan, 2016; Hamil, 2016) and the status quo around how—and where—treatment is delivered.

To date, however, there have been no investigations into the healing potential of gallery-based interventions designed for college students, leaving campus art museums an underutilized resource of great therapeutic potential. This is particularly salient given the growing need to provide mental health services to students in spite of limited resources. Furthermore, the use of an innovative setting is an answer to the call for colleges and universities to explore new avenues for providing effective, efficient care to an ever-increasing number of students (Weatherford, 2017). The current pilot study presents an explorative look at the feasibility and potential usefulness of providing a novel form of treatment that complements the unique needs of this population and expands options for care.

Anchored in theoretical elements from narrative-based therapeutic approaches, projective methods, and both art and museum education practices, the workshop emphasizes psychological wellness through thoughtful, reflective engagement with art objects. It has been designed to help students change negative, self-defeating personal narratives into positive, affirming life stories for improved emotional wellbeing, providing opportunities for students to experience agency, self-efficacy, and hopefulness (Adler, 2012; Bennington et al, 2016; Payne, 2006; Salom, 2008). Engagement with art objects as a therapeutic modality supports the use of projective techniques (Frank, 1948), providing participants with a psychologically safe distance where they can reflect upon and explore their personal narratives (Matto et al., 2003). This distance also creates opportunities for greater openness to the experience and expression of emotions as

students safely engage with their life-stories and identities (Scott, 2003; Spencer, 2012). As a shared group experience, this intervention is designed to foster sense of belonging among participants, and encourage the adoption of the distress management skills of reframing, externalization of problems, communicating with others, and construction of alternate possibilities.

At the start of the current study, it was hypothesized that these positive psychological factors would contribute to the improvement of depressive symptomatology over the course of treatment, thereby improving students' mental wellbeing by the conclusion of their participation in the workshop. To determine whether this goal was met, the pilot data was analyzed using pre- and posttest measures of the targeted constructs, including depressive symptomatology, perceived stress, and level of insight and self-reflection. The results provide exciting, preliminary evidence for the potential effectiveness of this treatment modality, and suggest that further research into the healing nature of museum-based psychotherapy would be worthwhile from a clinical perspective. Adding more evidence in support of therapeutic engagement with art objects, qualitative data was collected over the course of the study in the form of field notes, post-session journaling and exit interviews, and this data was analyzed using interpretive phenomenological analysis. The qualitative investigation into the students' lived experiences with the museum space and therapeutic engagement with art further illuminated the mechanisms of personal change that might drive this innovative healing tool.

Given the positive results and information learned from this pilot study, I hope these findings will inspire and encourage further investigation into the therapeutic use of art engagement and museum settings. Not only in the promotion of mental wellbeing for college and university students, but for other communities and populations who may

stand to benefit from such an intervention. The current project also stands on its own as a contribution to the extant literature on college mental health care, narrative-based approaches to psychotherapy, and the healing potential found in art and museums.

Chapter 2: Literature Review

OVERVIEW

The following literature review provides an overview of previous research that has informed and guided the development of the present research project. An introduction to the population of interest is provided, along with an overview of college students and depression, the etiology of depression, and treatment considerations for members of this population. A discussion of narrative counseling theories is explored, complementing a review of the extant research on visual arts-based treatment modalities that place an emphasis on art viewing interventions and museum or gallery-based therapeutic settings. Finally, a review of the theoretical foundation and use of projective techniques in therapeutic contexts is provided, serving to link this psychotherapeutic strategy to the healing mechanisms employed in the current pilot study.

COLLEGE STUDENT POPULATION

As more individuals are encouraged to seek out opportunities in higher education, college students in the United States constitute a growing and increasingly diverse population. According to a recent report by the National Center for Education Statistics (2017), approximately 20.4 million students are expected to attend national colleges and universities in the Fall 2017 semester, reflecting an increase in enrollment of about 5.1 million since the year 2000. This student population reflects an increasingly diverse group of individuals from various backgrounds and walks of life, with a recent survey from the American College Health Association (2012) indicating that 24.4% of surveyed students identify as being a member of a racial or ethnic minority group, while 8.5% reported being an international student and 7.8% reported having a sexual orientation other than heterosexual. Additionally, women are expected to account for the majority of

college and university students in Fall 2017, with roughly 11.5 million females attending the Fall 2017 semester, compared to 8.9 million males (National Center for Education Statistics, 2017).

College students in the United States are often characterized by their curiosity, creativity and openness to new experiences (Komarraju, Karau, & Schmeck, 2009; Lingo & Tepper, 2010), and while they pursue a formal education for intellectual and professional development, many are also on a path of personal-professional discovery and identity development (McEneaney & Gross, 2009). Researchers have noted a connection between sociability and creativity in college students, with everyday experiences and social interactions serving as sources for ingenuity and personal growth (Pachucki, Lena, & Tepper, 2010). Recently, college and university administrators have recognized the value of a creativity-oriented campus community, which is defined as a college environment that nurtures curiosity and innovation (Florida et al., 2006; Pachucki, Lena & Tepper, 2010). It has been suggested that a creative campus supports personal and professional development by valuing and promoting creativity, and colleges and universities are encouraged to use the arts as an important way to engage students and strengthen campus communities (Cole, Sugioka, & Yamagata-Lynch, 1999; Lingo & Tepper, 2010).

College Students and Psychological Distress

While attending college provides unique opportunities for academic and personal growth, many students face emotional and psychological trials as they navigate the higher education experience. These students often struggle with adjustment during their college years, particularly in the domains of personal relationships, availability of resources, academics, the college environment, expectations of self and of others, diversity, and life

transitions (Hurst, Baranik, & Daniel, 2013; Mackinnon et al., 2014). For college students in a life stage increasingly referred to as “emerging adulthood”, additional challenges include identity formation (for example, deciding on a major of study and making career choices), navigating the transition from a state of full dependence on parents to a state of semi-dependence or independence, creating social relationships in a different environment, managing the financial burden of increasingly high college tuition, and leaving their primary support system of family and friends (Arnett, 2006). Recognizing the importance of mental wellness is especially critical for college students, given the many stressors and difficulties they experience (Hurst, Baranik, & Daniel, 2013). High levels of stress and feelings of alienation are linked to decreased academic performance, negatively impacting students and their colleges (Beiter et al., 2015; Grasgreen, 2011). Primarily, these stressors increase college students’ vulnerability to several psychological issues, most notably the experience of symptoms of depression (Ibrahim et al, 2013).

Depression is among the most commonly occurring mental health disorders in the United States, along with anxiety and adjustment concerns, and it is defined as a state of emotional distress characterized by moods of sadness, emptiness, isolation, or irritability which have a negative effect on the individual’s ability to function (American Psychiatric Association, 2013). Many students with symptoms of depression also feel anxious and lonely, and often experience a limited sense of belonging while attending college (Strayhorn, 2012). Additionally, it is estimated that nearly seventy-five percent of all lifetime cases of a depressive disorder appear in affected individuals within the general population by age 24 (Kirsche et al., 2014). Given that college students are typically within this age range and facing the numerous challenges outlined above, it is not surprising that depression and associated symptoms have been recognized as one of the most common and considerable health concerns for contemporary college students over

the past three decades (Lyubomirsky et al., 2003; Vredenburg et al., 1988; Xiao et al., 2017).

The statistical numbers of students in the United States who are experiencing depressive symptoms is discouraging. Recent national surveys involving more than 30,000 participants have indicated that 15.4% of college students report having been diagnosed with or treated for depression within the past 12 months, while another 28.4% of students indicated impairment of daily functioning due to the experience of depressive symptoms such as fatigue, a lack of motivation, and hopelessness (American College Health Association, 2011). Other studies suggest the number of affected students is much higher, with nearly 34% of surveyed students reporting symptoms of depression within a three-month period (“Anxiety and Depression Association of America”, n.d.).

The college years have proven to be a peak time for depression onset, especially for the occurrence of first episodes (Cuijpers et al., 2016), and research has linked this high endorsement of depressive symptoms to decreased academic performance, which in turn negatively impacts students and their respective colleges and universities (Beiter et al., 2015; Grasgreen, 2011). Mental disorders such as depression often result in a cascading series of negative socioeconomic outcomes (Berndt et al., 2000; Mowbray et al., 2006; Andrews & Wilding, 2004), and college students experiencing symptoms of depression are at a particularly elevated risk of dropping out (Hysenbegasi, Hass & Rowland, 2005; Kessler, Foster & Stang, 1995). Even more concerning, the emotional suffering induced by depressive symptoms is associated with an elevated risk of self-harm and suicide for some members of this population (Spear, 2017; Xiao et al., 2017).

Etiology of Depression

As one of the most prevalent mental health issues facing college students, depression in this population has been well researched across disciplines such as psychiatry and psychology. Over the past century, several key theories have been offered to explain the causes and development of depressive symptomology based on a range of psychological, biological, and social-cultural models (Schwartz & Schwartz, 1993). Research on the development and maintenance of depression has been linked to deficits in emotional-regulation skills (e.g., Aldao, Nolen-Hoeksema, 2010; Berking et al., 2008; Hofmann, 2014), while limited self-awareness on emotional and psychological levels serves to limit skill-building. For example, Salters-Pedneault et al. (2006) found that deficiencies in the ability to identify and accept emotions, effectively modify negative emotions, and examine emotionally distressing situations were highly associated with the experience of affective distress and disorders. Rumination, avoidance, and suppression were identified as some of the most commonly occurring maladaptive strategies for coping with difficult emotions, leading to increases in depressive symptoms according to a meta-analysis of affect-related psychopathologies (Aldao, Nolen-Hoeksema, & Schweizer, 2010).

Researchers have also proposed several cognitive theories to help explain the etiology and maintenance of depression, all of which share a general concept that the ways in which persons attend to, interpret, and recall negative life events contributes to the possibility that they will experience depression (Lakdawalla et al., 2007). Arguably one of the most well-known of these theories is Beck's cognitive theory of depression, which posits that underlying "dysfunctional attitudes" are stable, latent personality traits in vulnerable individuals until activated by a negative event or situation in the environment (Beck, 1963; Beck et al., 1979). The diathesis-stress component to this

model holds that the occurrence of this negative event or situation (serving as a stressor) precipitates the onset of depression in individuals who possess these dysfunctional attitudes or “depressogenic schemata” (Abela & D'Alessandro, 2002). This model helps to explain why different individuals might experience the same difficult or stressful life event, but may or may not develop symptoms of depression in the wake of this event (Abela & D'Alessandro, 2002).

Similarly, the learned helplessness theory explains depression as the result of perceived, or real, lack of control over situational outcomes (Abramson, Seligman, & Teasdale, 1978). In this model, an expectation of helplessness is established when a person experiences a negative life event in which they perceived themselves as being powerless to change or influence. This expectation of helplessness is internalized, and the individual adopts a belief that this helplessness will persist into the future and impact them in other domains of their life, resulting in the experience of cognitive and affective symptoms such as pervasive feelings of sadness, hopelessness, and reduced or lack of motivation (Abramson et al., 1978). Related to the theory of learned helplessness, is the hopelessness theory put forth by Abramson, Metalsky and Alloy (1989). In this model, the experience of hopelessness is enough to precipitate the onset of depression in individuals who have an internal, stable, and global attributional style in response to both negative and positive life events and situations. A sense of hopelessness and perceived lack of agency or power follows, resulting in low sense of self-esteem and increased severity of depressive symptoms (Abramson et al., 1989).

Another model used to frame our understanding of the experience of depression rests on the unique personal narratives, or life-stories, that serve as an internal frame of reference for each individual. McAdams (2001) formulated a theoretical model of identity formation where identity itself is conceptualized as a personal life story and

includes a cast of characters, overarching theme, plot, settings, and other characteristics of a narrative work. He argues that throughout adolescence and emerging adulthood, people enter a process of reconstructing their past memories, experiences of the present, and anticipations or expectations of the future as an “internalized and evolving self-story, an integrative narrative of self that provides modern life with some modicum of psychosocial unity and purpose” (McAdams, 2001). Within this framework, there is evidence suggesting that depressive symptoms and a lack of perceived mental wellbeing are associated with life-stories that are incomplete, confused, have negative or tragic outcomes, or are otherwise reflect some form of maladjustment (Santa Rita, 2008). Given that college students are actively engaged in the formation of their personal and professional identities—the creation of their life-stories—while being at elevated risk for the experience of depressive symptoms, it is helpful to conceptualize the development and maintenance of emotional distress from this perspective of personal narrative.

The conceptualization of depression from this life-story perspective shares an important constructivist quality with the previously discussed cognitive theories: it assumes that individuals are shaped by lived and interpreted past experiences (McAdams, 1993, 2001). However, life-story theory is positioned within a hermeneutic approach to understanding how and why some events become formative for individuals, rather than on attitudes or attributions (McAdams, 2001). The shift of focus on the construction of meaning allows for an understanding of depressive symptomatology that is not tied only to stable personality traits or biological vulnerabilities. This approach to understanding how depression operates within individuals can empower a person to form their own meaning around a significant life event, rather than seek out an objective, yet ultimately elusive, truth. Additionally, this model appears well suited for working with diverse individuals, allowing flexibility of interpretations based on their individual life

experiences (Semmler & Williams, 2000; Schwarzbaum & Thomas, 2008). This is respectful of culture and life-stage, which is particularly useful when working with the diverse population of college students. In late adolescence and early adulthood, individuals are actively engaged in a period of identity development that incorporates autobiographical memories as the foundation for a sense of continuity between the past self and the present self (Pasupathi & Hoyt, 2009).

From this life-story perspective, individuals experiencing symptoms of depression are likely to hold negative life-stories characterized by a repetitive nature, where the same pessimistic and adverse themes resurface throughout an individual's personal narrative (Santa Rita, 1998). The impact of these repeating, negative life-stories is far-reaching for affected individuals. Researchers exploring themes of core conflict in relationships have demonstrated that persons will often generate similar negative, repeating story patterns in multiple areas of their lives (Luborsky et al., 1992). Some researchers have hypothesized that individuals may be repeating a "nuclear script," with early childhood and other formative experiences creating a schema that is reproduced over the individual's lifespan (Csikszentmihalyi & Beattie, 1979; Tomkins, 1979). Thus negative repeating scripts work to keep the individual 'stuck', maintaining their experience of depressive symptoms.

This maintenance of distress is further enabled through silencing (Lister, 1992), an environmentally-based process that prevents possible changes to an individual's negative personal narrative. As Santa Rita (1998) explains, the concept of silencing, or "enforced silence", is thought to reflect a broader cultural phenomenon in industrialized mass societies that emphasizes privacy and anonymity, rising out of environments characterized by dissimulation or a lack of openness. These environments contain an organizational culture that emphasizes values such as achievement and individualistic

coping, while members are either directly or indirectly discouraged from openly discussing experiences of stress or depression (Santa Rita, 1998). A perceived lack of personal and social authority is often associated with the process of silencing, as individuals may be silenced due a feeling of being ‘unauthorized’ to be the creators of their own life stories (Santa Rita, 1998). With a prevailing emphasis on academic success and competition, the campus climate at colleges and universities may be silencing students from openly acknowledging their own mental wellness, let alone sharing their distress with others. Students may feel that in order to live up to the cultural values of their institutions they are not able to “author” their own stories, or there may be a sense that self-stories are imposed by others, which can be distressing to the individual (Santa Rita, 1998).

TREATMENT OF DEPRESSION IN COLLEGE STUDENTS

Treatment for depression can be elusive. Though demand for mental health services on campus has increased, a large number of students delay or do not even attempt to seek help (Lewin, 2011). This mirrors help-seeking behaviors in the general population, where delays in treatment for mood disorders already range from 6 to 8 years for the general population (Kirsche et al., 2014). Given the combination of early onset and prolonged untreated symptoms of depression in college students, this delay in psychological care increases an already high personal and societal burden of mental illness (Kirsche et al., 2014).

Just as there are a number of theories theorizing the psychopathology and maintenance of affective disorders and distress, there are as many different approaches to the treatment of depression and depressive symptoms. However, the specific developmental and personal needs of college students make them a unique group when

considering mental health care and possible treatment options (Benton, 2006). Providers working with this population are encouraged to be flexible, culturally sensitive, creative, and collaborative, adapting treatment plans and theoretical approaches based on the specific needs of the students given their presenting concerns and goals for care (Eichler & Schwartz, 2010). In light of this call for creative and engaging treatments with appeal for this population, there are several published examples of college mental health providers actively seeking ways to incorporate the fine arts in therapeutic contexts (e.g., Boldt & Paul, 2011; Sandmire, Gorham, Rankin & Grimm, 2012). With regards to incorporating art into group experiences, some clinicians have credited the integration of verbal processing and arts-based intervention tools with enhancing students' participation in group psychotherapy and their engagement with the process of change (Boldt & Paul, 2011).

Barriers to Treatment

Several studies have identified two key barriers to mental health treatment in college student population: limited access to campus psychological services and stigma around mental health that negatively impacts help-seeking (Hunt & Eisenberg, 2010; Kirsche et al., 2014; Pedrelli et al., 2015). For many students who do desire treatment for their symptoms, the ability to receive treatment on campus is critical given many do not have resources such as time, transportation or finances to venture out into the community for treatment (Cornish et al., 2017; Eisenberg et al., 2009). However, as college counseling centers struggle to keep pace with the rising demand for mental health treatment there is a shortage of staffing and financial resources for students seeking care (Xiao et al., 2017). Over the past several years, college counseling centers have been pressed to find new ways to handle these growing demands for services, all the while

maintaining a quality standard of care (Weatherford, 2017). College counseling centers are forced to prioritize these limited resources, often using waitlists and other methods of managing access to care. In a recent survey, 88% of counseling center directors reported that students asking for help may not receive timely treatment, with 75% of counseling centers no longer offering weekly individual therapy appointments and 35% of centers actively using waitlists to manage the number of students requesting care. (Reetz, Barr, & Krylowicz, 2014; Cornish et al., 2017) This suggests that students hoping to receive treatment for depressive symptoms often face long waitlists and lengthy intervals between sessions when they approach their campus counseling centers (Mistler, Reetz, Krylowicz, & Barr, 2012).

Another critical barrier to care is perceived personal and social stigma around mental health, which deters students from seeking out help. Through their research, Vidourek, King, Nabors and Merianos (2014) identified feelings of embarrassment or denial of mental health concerns as key barriers to help-seeking, as well as a desire to not be “labeled as crazy” by reaching out to providers. Similarly, in their study examining students’ willingness to disclose mental health concerns to primary care providers, Meyer and colleagues (2016) found that college students were often worried about what others might think of their experience with symptoms of depression. Twenty-six percent of their survey participants indicated they would not disclose depressive symptoms to primary care providers, and another 13% of respondents expressed ambivalence about disclosure. This is consistent with other findings that indicate perceived public stigma (the belief that others might hold negative views towards those with mental health needs) is a greater barrier to help-seeking than personal stigma (Eisenberg et al., 2009). Furthermore, results of Vogel, Wade and Hackler’s 2007 study of college students established that perceived public stigma around mental illness is predictive of internalized stigma (self-stigma)

towards counseling. Their mediation model also demonstrated that self-stigma predicted attitudes toward help-seeking, and ultimately, openness to seeking counseling services. Additional research suggests that traditional psychiatric or psychological settings associated with mental health care treatment may also be stigmatized (Acton, 2013). In light of this, students concerned with perceived public stigma may underuse psychological services that are limited to traditional spaces, such as campus counseling centers.

MENTAL WELLBEING AND COLLEGE STUDENTS

Traditional views of mental health have long held an assumed, single-continuum definition indicating that psychological distress is the fulcrum upon which mental wellness is outlined (Renshaw & Cohen, 2014). However, researchers are moving towards a dual-factor model of mental health that holds both psychological distress (i.e., the presence of behavioral or emotional symptoms, such as symptoms consistent with depression) and psychological wellbeing (i.e., hopefulness, resiliency, and life satisfaction) as important dimensions of mental health and quality-of-life outcomes (Renshaw & Cohen, 2014). The concept of wellbeing has been identified as a method for psychologists to address health and wellness from a holistic perspective that embraces the psychological elements of quality of life apart from pathology--in other words, mental health can be considered from the vantage point of “feeling well” as opposed to feeling poorly (Zotova & Karapetyan, 2018). Subjective wellbeing reflects an individual’s assessment of their life as related to their cognitive and affective states, therefore, subjective wellbeing can involve broad interpretations of life satisfaction based on how individuals react to life events and situations (Zotova & Karapetyan, 2018). And given that subjective wellbeing includes cognitive and affective elements, the interactions

between these two factors suggest that life satisfaction, at a cognitive level of understanding, is often accompanied or supported by the sense of emotional wellbeing (Trzcinski & Holst, 2008; Zotova & Karapetyan, 2018).

A critical, contributing factor to the sense of emotional wellbeing is insight, an internal process of awareness described as the formation of new perceptions and understandings of the self (Hill, 1990; Rogers, 1944). Significant research exists to support insight as a core element of positive therapeutic processes and outcomes (e.g., Hill, 1990; Miller, Luborsky, Barber, & Docherty, 1993; Stalikas, Rogan & Berkovic, 1996). Evidence also points to insight as a supportive factor in helping individuals in making healthier, more satisfying life choices (Silvia & Phillips, 2011). Trends in recent studies suggest these findings also hold true for college and university students, where level of insight in areas such as identity, interpersonal relationships, and academics are positively correlated with self-reported life satisfaction (Cimsir, 2019; Kim & Lee, 2015; Sivilis-Cetinkaya, 2013). Psychotherapy approaches often seek to nurture insight as a vehicle for clients to achieve desired personal and/or behavioral change (Hoglund & Hagtvet, 2019), and a key supportive factor in the development of insight is self-reflection (Harrington, & Loffredo, 2011; Silvia & Phillips, 2011).

Self-reflection refers to the process of thinking deeply and carefully on oneself, including assessment of self-character, motives, actions, and consideration of personal esteem (Johnson & Stapel, 2011). Conceptualizing reflection as a “conscious, dynamic process of thinking about, analyzing, and learning from experience” as a conduit for greater personal insight (Halloran, 2016) seems particularly salient for traditionally aged college and university students given that they are actively engaged in professional and personal identity formation (McEneaney & Gross, 2009). It is therefore unsurprising that

self-reflection and insight have been shown to serve as significant, positive predictors of positive wellbeing and life satisfaction for students (Grant, Franklin, & Langford, 2002).

Supporting psychological wellbeing in college students may be equally as important to positive mental health in this population as addressing psychological distress. Research reveals that self-report rating scales for college-aged individuals may not demonstrate clinically elevated symptoms of psychological distress (i.e., depression symptoms), yet these same individuals will endorse deficits in psychological wellbeing, particularly in terms of life-satisfaction (Greenspoon & Saklofske, 2001; Kelly et al., 2012). As with the presence of symptoms of psychological distress, these deficits in wellbeing are associated with impairments in academic performance (Renshaw & Cohen, 2014). Therefore, it is helpful to conceptualize degrees of mental wellness as the extent to which there is a presence of psychological distress and the extent to which there is an absence of psychological wellbeing. Across the globe, researchers and administrators at colleges and universities are recognizing the need to address not only the amelioration of psychological distress, but the promotion of wellbeing as well (e.g., Henning et al., 2018; Turner, Scott-Young, & Holdsworth, 2017; Whitehall, Hill, Yost, & Kidwell, 2016).

Perceived Stress and Mental Wellbeing

At times described as a chronic condition of the modern world, stress is a frequently cited concern for adults in the United States (Clay, 2011). Stress is considered a subjective term that is difficult to operationalize in research situations, however, a commonly adopted conceptualization of stress is an individual's perception of an internal or external challenge that is viewed as unpleasant, demanding of resources, or threatening (Lucassan et al., 2014). For the current project, I have adopted a definition of stress as being perceptual in nature, and stress results when an individual perceives that situational

or personal demands exceed available resources for coping (Reiser, Murphy & McCarthy, 2016). This conceptualization of stress draws on Lazarus & Folkman's (1984) transactional model of stress, and highlights the interpretive nature of how an individual comes to believe they possess resources to cope with an active life stressor.

Approximately 80% of college students report experiencing stress on a daily basis ("Anxiety and Depression Association of America", n.d.), often related to various social, financial and academic stressors and difficulties throughout their time in higher learning institutions (Hurst et al., 2013). The prevalence of stress across college and university campuses is striking, with 91% of college students noting "average" to "tremendous" amounts of stress experienced within a 12-month period (ACHA, 2016). High levels of stress and are frequently linked to decreased academic performance, which both negatively impacts students and their institutions (Grasgreen, 2011). It is therefore unsurprising that stress is recognized as a barrier to wellbeing and daily function, and as such, has been an area of focus for administrators charged with the promotion of mental wellness across the nation's campuses (ACHA, 2012). Over time, chronic perceived stress in the general population is associated with poor health outcomes, and may be a predicated factor for the development of affective disorders such as depression or anxiety (NIH, 2019). This holds true for the college populations, where a recent study revealed that college students who failed to successfully manage their stress levels were statistically more likely to experience enervative disorders such as depression, anxiety, or panic (Lust et al., 2015). The relationship between stress and depression in college students is well documented (e.g., Beiter et al., 2015; VanKim & Nelson, 2013), and scholars have pressed for treatment efforts to emphasize reduction of perceived stress as an area of intervention (Yzer & Gilasevitch, 2019).

NARRATIVE-BASED THERAPEUTIC APPROACHES

Narrative in psychology is often defined as an account of connected events that allows for individuals to construct meaning around their experiences (Clandinin & Connelly, 2000). A key figure in promoting the idea of narrative as a psychological process, Schafer (1980, 1983) viewed the therapeutic session as a space for the client to share their life story, shaping and reshaping the tale as a reflection of their unique, subjective experiences as related to their own self-concept. Spence (1982) further elaborated on the subjective nature of narrative in psychotherapeutic contexts, differentiating between a “narrative truth” and a more positivist, fact-based “historical truth”. He suggests that memories of past experiences, and their interpreted significance, are not fixed; instead, these “truths” are open to regular examination, modification, and reintegration that can be used towards therapeutic benefit: “If a piece of the past completes the unfinished clinical picture in just the right way then it acquires its own truth...[bringing] together pieces of the patient’s life story which, up to that point, had seemed disconnected and even contradictory (Spence, 1982, p. 181, cited in Vitz, 1992).

In terms of identity formation, the idea of the self is not fixed and realities are subjective, being both personally and socially constructed (McAdams, 2001; McCarthy & Archer, 2007). This postmodern viewpoint challenges the concept of absolute truths, suggesting that an individual’s experience and knowledge is in fact provisional (Payne, 2006). Ultimately, narrative is a core element of the healing process across psychotherapy practices, as clients share their personal stories with clinicians and seek to make meaning from events, feelings, and memories (Rodríguez et al., 2014). The learned helplessness model of depression is useful to link to this concept of narrative. As discussed earlier in this literature review, this theory states that a sense of powerlessness is internalized within an individual, resulting in their expectation that they will be ineffective when

trying to influence various outcomes in their day-to-day life (Abramson et al., 1978). These adopted beliefs are interwoven in the individual's personal narrative, with storytelling serving as the "overt expression of [these] underlying, unconscious "mandates" or "scripts" (Cramer, 1996, p. 36).

The use of narrative within this therapeutic context is informed by concepts such as the relevance of language and discussion in human interactions, as well as existential theories involving self-agency and empowerment (Avdi & Georgaca, 2007a, 2007b; Polkinghorne, 2004; Wallis, Burns, & Capdevila, 2011). Human psychology is thought to have a storied structure, such that human experiences and interactions can be expressed and understood through personal narratives, which also serve as an organizing principle for behaviors and actions (Sarbin, 1986). Clinical research examining narrative-based approaches have demonstrated effectiveness of these interventions in reducing or improving depressive symptoms (Vromans & Schweitzer, 2011). Below, several key aspects of narrative theory are explored in more detail, including narrative identity, narrative coherence, and life stories. Additionally, an overview of narrative therapy as a psychotherapeutic model is also provided within the context of the current, proposed study's intervention strategy.

Narrative Identity

During the formative years of late adolescence and early adulthood, individuals begin to formulate an understanding of their life-stories in a "process of evolution", where connections are made between their past, present and future self to create identity and a sense of purpose (Tang, 2017). Over time, personal narratives help situate the self within the complex social systems individuals inhabit, a form relational self-understanding defined by Singer (2004) as a narrative identity. The ability to integrate

autobiographical memories into a “continuity of experience” while making meaning out of those past and present experiences is what allows individuals to develop a narrative identity (Hallford & Mellor, 2017). It is important to emphasize the distinction between “narrative” and “narrative identity”. Because personal narratives are filtered through the individual’s interpretations and perceptions of how experiences are connected, these “meaning-laden” qualities make a story not only a set of facts, but also a unique reflection of the person themselves (Pasupathi & Hoyt, 2009). This reflection simultaneously constructs and captures the essence of a person’s narrative identity.

While every individual’s narrative identity is complex and intersectional, some positions may prove more dominant than others. This can leverage a very strong influence on the individual’s sense of self (Guilfoyle, 2015). While dominant narratives encourage identity-stability, this may leave the individual vulnerable to a limited view of life options or possibilities and stuck in an undesired or problematic sense of self (Guilfoyle, 2015). Regardless, coherence and narrative identity are two important factors contributing to an individual’s life-story.

Narrative Coherence

In the framework of narratives, coherence describes the extent to which parts of a text are related to the text as a whole (Linde, 1993), with the understanding that the term “text” captures many types of sources of content, including oral, visual, and written communication. Coherence is manifested in three domains: context, chronology, and theme (Reese et al., 2011). The contextual domain addresses the “when and where” of a narrative, effectively establishing a setting for the story. The chronological, or temporal ordering, dimension of coherence reflects the ability to accurately and clearly describe the order of events and experiences over time. The third dimension of coherence gleans

information on the relevance and meaning of the story: its overarching theme. Some research suggests that this thematic dimension of coherence is particularly important for the development of strong narrative coherence, with Reese and colleagues (2011) noting that in order for an emotional point to be communicated clearly, stories must be on topic and sufficiently developed in terms of focus and narrative arc.

Therefore, for a personal narrative to be coherent, the order of events must be sequential and logical, events must be situated in both time and place, and the narrative must be detailed enough to meaningfully link components together (Waters & Fivush, 2015). Additionally, there must be some depth of meaning in the thematic dimension of a coherent narrative, features of which include a climax and resolution to the narrative that is supplemented by emotional and psychological interpretation by the individual (Reese et al., 2011). The ability to include this affective and cognitive reflection indicates that the extent to which the individual is processing the meaning of the narrative being shared (Sales, Merrill, & Fivush, 2013).

Hallford and Mellor (2017) have expanded on this understanding of narrative coherence, and they describe modified forms of the dimensions as applied personal narratives: temporal coherence, causal coherence, and thematic coherence. Temporal coherence is defined by how remembered events are chronologically related to other life events. Causal coherence indicates how an individual links life experiences together, creating meaningful associations, such as causal connections between experiences and self-identity. Thematic coherence reflects an ability to identify similarities between experiences and overarching motifs in order to create integrative interpretations of life events and situations. The authors also address a fourth dimension of coherence: culture (Hallford & Mellor, 2017). This dimension captures the socio-cultural influence on perceptions of how one's life "should" be, including what life events are to be considered

as significant. For emerging adults, including college students, the ability to construct a coherent account of personally significant events is particularly critical (Waters & Fivush, 2014). Narrative coherence is an important element of psychological wellbeing during this transitional period of identity development, where formative experiences and interpretations occur on a regular basis in the college environment.

Life-Stories

As narrative theory gained traction as a way to help individuals meaningfully describe and interpret life experiences, the life-story model of identity intimately links storytelling to the concept of the self: an individual's identity includes a plot, overarching theme, interacting characters, settings, and other narrative elements (McAdams, 2001). He puts forward a concept of identity itself that is defined by how individuals understand themselves as situated within their psychosocial experience; in other words, the individual seeks to organize past and present events so that they contribute to a meaningful explanation or interpretation of life itself (McAdams, 2001). A life-story is therefore an "internalized and evolving story of the self that integrates the self synchronically and diachronically," helping to explain "scene by scene" how an individual transforms across time and through events (McAdams, 2001).

Linde (1993) deepens the definition of a life-story by describing it as the collection of all personal narratives and discourses, as well as the connections and interpretations made between them, contained within an individual's lifespan. She states that two criteria exist for life-stories. First, the stories contained within a life-story must primarily make a point about the individual his or herself, and not a broad point about the world or others. Second, the stories within a life-story are "tellable", and can be shared repeatedly over time (Linde, 1993). The life-story theory of narrative posits that an

individual's ability to meaningfully integrate personal experiences contributes to positive psychological adaptation and bolsters emotional and psychological wellbeing (Bauer, McAdams, & Pals, 2008; Polkinghorne, 1991; Singer, 2004). Hallford and Mellor (2017) describe self-awareness and personal identity as being intimately related to an individual's perception of the continuity of experience and the integration of memories in a way that is cohesive. In other words, the narrative must "make sense" for the individual, does not have gaps, and is varied enough to reflect the complexities of experiences. Because of this broad integration of experiences, life-stories represent not only how individuals see themselves, but also how they wish to be perceived by others (Tseng, 2017). Life-stories thus shape an individual's worldview and, ultimately, their self-identity (Linde, 1993).

It is important to note, however, that the life-story differs from the concept of the "life history", which Linde (1993) describes as a teleological approach to past experiences that presumes the past is fixed and causally related to personality. A life-story is better described as a fluid phenomenon, as Linde explains:

Approaches to the life story can be arranged on a continuum of belief about how fixed it is, since there are also more hermeneutic approaches to the life story that view it as a process of interpretation, rather than as a fixed collection of facts. Such approaches take the therapeutic process to be one in which the therapist teaches the patient that it is possible to construct a new life history—one that will cause less difficulty and be more satisfying than the patient's original life history. Such hermeneutic approaches may help the patient construct a single, more successful new history; at a more abstract level, they may teach new and less rigid processes for constructing a life history (Linde, 1993, p. 45).

As they go through one of the most formative stages in their lifespan, college students are especially well poised to benefit from this understanding of the connection between life-story and identity, and the fluid nature of meaning-making and interpretation. For young and emerging adults, each day brings new opportunities to

experience their personal narratives in-progress. McAdams (2001) has argued that this process of organizing and interpreting life events into a “meaningful and purposeful whole” is especially salient for emerging adults as they actively seek to construct and synthesize a sense of self. Therefore, awareness of life-stories can promote a sense of agency and self-efficacy, and is also indicative of emotional wellbeing (Hallford & Mellor, 2017). Interestingly, the relationship between awareness of life stories and mental health may be mediated by coherence. Emerging research suggests that a stronger awareness of life stories may be predictive of higher levels of depressive and anxiety symptoms only when a person’s perceived narrative coherence is low (D. Hallford, personal communication, January 28, 2018).

Narrative Therapy

Developed in the early 1990s, narrative therapy is a psychosocial form of individual or group therapeutic intervention based on the broader concepts of narrative psychology discussed earlier in this literature review (Archer & McCarthy, 2007; White & Epston, 1990). As a treatment approach, narrative therapy recognizes an individual’s life experience as a story-in-progress that can be viewed and understood from diverse perspectives and with many potential outcomes (White & Epston, 1990). Narrative therapy (NT) invites individuals to develop more complete, coherent, and meaningful narratives from incongruent or disconnected descriptions of experience (Payne, 2006). The theoretical foundation of NT rests on narrative and socio-constructivist ideas that suggest reality is not objective and directly accessible to individuals through their senses, but is instead constructed inter-subjectively through language, meaning-making, and narrative description between individuals (Anderson, 1997; Berger & Luckman, 1966; Gergen & Kaye, 1992). As noted by Don Redmon, director for Mercer University’s

Center for the Study of Narrative, “[Narrative therapy] really is about celebrating and appreciating each person’s unique story and helping them frame it in a way that is more self-affirming and less self-defeating” (Phillips, 2017). This is reflective of the three underlying principles of narrative therapy, which state that narrative therapy is respectful, non-blaming, and views the client as the expert of their own story (White & Epstein, 1990).

In treating depressive symptoms, where an emphasis on positive emotions and self-efficacy is critical for healing, NT is a particularly useful therapeutic approach that encourages the client to ‘re-author’ their life-stories by focusing on positive interpretations and possibilities (Seo et al., 2015). This involves a process of “story repair”, where problematic, negative self-narratives are refashioned by the individual to be more coherent, complex, and inclusive (Avdi & Georgaca, 2007a, 2007b). This process is supported by the therapist who serves as an audience for the client’s story, receiving and reflecting the shared information, while acting as a “co-editor” of the refashioned narrative in-progress (Rodríguez et al., 2014). Critical to the therapeutic process is the clinician’s ability to use double-listening strategies to recognize when a client is divided between the narratives that form their multifaceted identities. With double-listening, the therapist focuses on both the “problem-saturated story” (White & Epston, 2005, p. 88) where the client is a “constituted subject” stuck in a negative life-story, and the in-progress positive or preferred narrative where the client is constructed with self-agency, able to live as they wish (Guilfoyle, 2015).

Clinicians and researchers working with a narrative therapy framework have developed numerous techniques, practices, and activities for use with clients (e.g., Carlson, 1997; Chan et al., 2012; Guilfoyle, 2015). Within the context of the present

study, these practices can serve as useful exercises for helping group participants re-author negative personal narratives.

Narrative Therapy Practices

In narrative therapy, change is elicited primarily through the exploration of how language is used to create and maintain problems (Rice, 2015). Several key practices are used to support the movement towards change: externalizing, identifying unique outcomes, and using outsider witnesses (Payne, 2006). Externalizing is a linguistic device that seeks to differentiate the person from their problem or destructive behavior in an effort to interrupt the assumption that these challenges are intrinsic to their being (White, 2007). For example, an externalizing statement might be that an individual is experiencing depression, as opposed to saying that an individual is depressed. Often in narrative therapy, metaphors are used within the context of externalizing problem-saturated stories. These metaphors serve as “compressed visual images” in the discussion around problems that can help distance the individual from an internalized perspective and introduce alternate possibilities (Payne, 2006, p. 46). This relates to another key practice in narrative therapy: the identification of unique outcomes.

Defined as a process of exploring contradictions or considering alternate possibilities, examining unique outcomes allows individuals to entertain a different or broader perspective on their personal narratives and the challenges they face (White & Epston, 1995). This practice is often exercised via reframing, a technique which encourages people to view some aspect of themselves, their problem, or situation in a new light (Matto et al., 2003). This new perspective can then generate alternate actions, feelings and cognitions that complement the new frame of reference (Bertolino & O’Hanlon, 2002).

The incorporation of an audience, also described as outside witnesses to an individual's narrative, is another fundamental practice of narrative therapy (Russell & Carey, 2004). In this practice, someone close to the person in treatment is invited to sit in during a session and serves as a witness to the personal narrative, listening as the individual shares their new and developing story. The responses and comments made by an outside witness can often illuminate unrecognized or undervalued aspects of the story, and can also serve to validate and uphold the individual's new narrative (Russell & Carey, 2004). Thus, the sharing of stories with responsive audiences is a powerful means for individuals to be heard and recognized, affirming their belonging in the community (Payne, 2006). Within a group therapy context, fellow group members may serve as outside witnesses as members support each other in exploring alternate possibilities and re-authoring narratives (McCarthy & Archer, 2007).

To summarize, a narrative approach to psychology and psychotherapeutic processes provides a robust theoretical foundation for understanding an individual's life experiences, beliefs, and expectations. Up to this point, the discussion has primarily centered on a conceptualization of narrative that assumes a broad and invariable link to communication as a means for conveying the life story; stories are meant to be told in the therapeutic setting. While language is a fundamental part of communication within the context of psychotherapy, the following sections of this literature review are intended to invite consideration of an alternate form of language for promoting the exploration of the life story: the visual arts in general, and works of fine art in particular.

VISUAL ARTS WITHIN PSYCHOLOGY

The visual arts have served as a vehicle for communicating human experience and creativity throughout recorded history, while psychology offers a means of understanding

and explaining human nature. These two disciplines have shared a long and fascinating relationship, reflecting a complex history of two practices invested in the human experience. Following the introduction of psychoanalytic theory at the turn-of-the-century, artists have drawn inspiration from the concepts of the subconscious and ego, while viewers rely on these same concepts for informing the consumption and interpretation of artworks (Walsh, 2013). According to Penna (2000), “Art is a symbol and a substitute that is capable of producing real emotions” (p. 52). Works of art can therefore be situated in the liminal space between the reality of unconscious desires and the imaginary world of fulfilled desires, bringing thoughts and emotions to the surface that would otherwise be difficult to interpret. In this way, both art and psychoanalysis provide a means to understand individuals within the context of their life experiences and stories (Penna, 2000).

Many psychologists have been fascinated by the connection between art, creativity, and human thought and function, perhaps most notably the psychoanalyst and art historian, Ernst Kris (Papiasvili & Mayer, 2011). Kris shifted the paradigm of psychological understandings of art from the individual intentions and states of the artist and onto the work of art itself as an object (Kris, 1952). From this, he developed the concept of regression in the service of the ego, wherein ego functioning relaxes to allow primary processes (that is, material drawn from the individual’s unconscious) to surface (Papiasvili & Mayer, 2011). This psychoanalytical perspective on the function and role of art has not only informed the conceptualization of creative expression as a means of understanding of human experience, but drives its use as a powerful source of healing within the context of the proposed study.

Viewing Art: Theory and applications

In his Museum Effect Theory, Smith argues that “people who are viewing art are frequently using that art as a mirror in which to see themselves” (2013, p. 87). He assumes a socio-constructivist perspective that individuals bring their backgrounds, dispositions, experiences, hopes and aspirations to the viewing processes, and the art functions as a reflective mirror through which to connect with these internal elements (Smith, 2013). Oftentimes, connections are made between the artwork itself or its content and the individual’s personal experiences. Smith explains that individuals inevitably relate to objects in such individualized, subjective ways because internal points of reference underscore every interaction between the self and the surrounding world: “Why do we see art this way? Well, to put it bluntly, who we are is all we have” (2013, p. 88). Viewing an art object can thus be considered an experience of the self as much as an experience of the artwork, a concept closely linked to the Art as Experience theory proposed by John Dewey.

In his influential work, Dewey (1934) proposed that art objects operate as a primary site for the dialectical processes of personal experience. Embedded within objects are the thoughts and emotions of their creator, an essence of experience that also connects to the viewer of this art object through the act of observation. Dewey (1934) describes this aesthetic experience as an opportunity for the artist and viewer to connect with each other across physical and mental environments, a transpersonal encounter that also connects these individuals to their broader culture. The act of viewing inspires a Socratic discussion within the self of the viewer that touches upon the self of the artist, with art serving as link to connect individuals to their inner selves as well as to others. Dewey’s call for an intimate and reflective engagement with art contrasted sharply to the prevailing aesthetical theories of his contemporaries, theories that sought to elevate, and

ultimately distance, art from everyday experience. For him, the value and power of art rested in its ability to bridge individuals across the distance of past and present experiences, with the acts of making and viewing art serving as a means to incorporate an essence of the values and meanings of the past into the present (Grierson, 2017).

The mechanism of this dialectical process that occurs in the experience of art is explained by Winnicott's theory of Potential Space (1971). He described potential, or transitional, space as a psychologically and emotionally safe interpersonal field that allows individuals to simultaneously be at play and connected to others (Winnicott, 1971). He conceptualized play as an act that inspires creativity and expression, and also serves to bridge an individual's inner world to their external reality. For adults, the concept of play encompasses many activities that provide potential space to the individual, including the experience of viewing art (Winnicott, 1971). In the potential space of play, persons can examine and shape their relationships with others and the surrounding environment with minimal anxiety or worry, as the potential space exists between imagination and reality (Winnicott, 1971). This potential space represents the liminal area of consciousness between an individual's inner and outer reality, where objects or stimuli are experienced in the external world as the individual simultaneously transforms the stimuli, imbuing it with meaning, and is in turn transformed by the stimuli (Jemstedt, 2000). Ultimately, this process of meaning-making serves to promote personal development, internal awareness, and self-discovery (Saragnano & Seulin, 2015).

Therefore, potential space creates room for discovery and growth that occurs in a dialectical fashion between the internal and external world. Objects are imbued with deep personal meaning and imagination from an individual's internal experience, and interacting with these objects also allows for an interaction with an otherwise non-physical, intrapsychic realm. As Winnicott outlined, art-viewing promotes the

externalization of incoherent or unrecognized thoughts and emotions, creating an “intermediate area of experience” where the viewer is able to reflect and connect with a representation of their unconscious (Winnicott, 1971). Therefore, in establishing this potential space, viewing art can also serve as a vehicle for projective techniques.

Art and projective techniques

Projection was first formulated by Freud as the unconscious process of attributing personal character traits or representations on to external objects (Weiner & Kuehnle, 1998). In psychoanalytic frameworks it is assumed that individuals regularly dislocate conscious and unconscious feelings, ideas and thoughts on to objects outside of themselves (Pinto, 2014). These projections ultimately reflect the ways in which a person internally understands and relates to the world (perception), as evidenced in how they assess outside objects in meaningful ways (apperception) (Abt & Bellak, 1950). The direction of interpretation is thus a reflection of their broader associational patterns and schemas, as influenced by these powerful, deeply-rooted emotions, experiences, and memories (Pinto, 2014). Often, these entrenched emotions and cognitions can be very challenging to address openly, as they may be cognitively distant, difficult, under-processed, or suppressed, but projective techniques enable a psychologically safe method of approach (Wiehagen et al., 2007). Numerous testing instruments have been developed to capitalize on the exploratory power of projection, perhaps most famously the Rorschach inkblot test and the Thematic Apperception Test, which involve the interpretation of ambiguous images (Donoghue, 2000; Korchin, 1976).

Early psychologists conceptualized projection onto ambiguous images as a reflection of individual personality, and in 1939, Lawrence Frank championed the use of personality tests that allowed for the participant to “project upon that plastic field...his

private world of personal meanings and feelings” (as cited in Weiner & Kuehnle, 1998). Frank (1948) argues for a psychocultural model of understanding how human behavior and psychological processes are linked to the individual as well as the broader sociocultural context. His model runs parallel with the theory of the life-story, suggesting that individuals construct, and rehearse, ways of relating and responding to the world. He writes,

In his reveries and fantasies each individual continually talks to himself, as he rehearses in his own person a way, what he has been taught in childhood to believe and do and not do, as essential to social living—to live according to ideas and patterns and feelings, channeling all his impulses and emotions and his naive behavior into the traditional forms and patterns of his family and group traditions...Moreover, he learns to believe and to think as he has been inculcated by the cultural traditions. But in all these he develops his individualized version of these patterns, reacting with emotions or feelings of his persistent affective reactions. Once these patterns and feelings are established, they will persist unless and until some event of sufficient intensity changes them or the individual is helped to change (p. 38).

Frank’s psychocultural theory proposes that individuals create, maintain and defend their own “private world” based on the individual’s adoption and assimilation of culture. Essentially, the mechanics of how individual people function is essentially the same, differing primarily by culture and experience, therefore opening his theory of personality and projection to fairly universal application. A “forgotten childhood” resides within all of us, one that is subsequently reinforced in present life experiences and serves as a model for predicting or mapping future outcomes or expectations (Frank, 1948, pp. 14-18). From this perspective, personality is based on previous life experiences and influences many dimensions of the individual, including, speech, behavior, affect, cognitions, and social interactions. Frank recognized that social pressure and a desire to be perceived in a positive light has the potential to constrict the revelation of authentic

thoughts or feelings, and advocated for a method of examining the more hidden or unvoiced aspects of the self.

The projective methods which Frank outlined within the field of psychology reflected this acknowledgement of the hidden internal world in how a participant's responses are treated, "not as products to be rated, but as indicators to be interpreted" (1948, p. 39). He describes a person's internal world as a construct unique to the individual—a construct that is then imposed on the "surrounding world of people, things and events (1948, p. 40)." By connecting projection as a psychological process to an individual's response pattern to ambiguous testing instruments such as the Thematic Apperception Test (TAT), Frank established the projective hypothesis as a model for understanding human interpretations and storytelling (Weiner & Kuehnle, 1998). Research provides evidence for a relationship between the ambiguous stimuli and its ability to reflect aspects of the inner self (Weiner & Kuehnle, 1998). Frank described the essence of projective techniques as "a method of studying the personality by confronting the subject with a situation to which he will respond according to what that situation means to him and how he feels when so responding" (1948, p. 46). He suggested that practically any created product or observed experience could be used for projective techniques, with such diverse tools as writing samples, speeches, or even response patterns on standardized tests, offering up valuable information for better understanding the individual (Frank, 1948).

Frank is credited for coining the term "projective methods" (Stein, 1955), and he described several, including constitutive and constructive methods. Constitutive methods involve the use of plastic, "wholly ambiguous" materials or stimuli upon which they are asked to make meaning and/or impose a structure (Frank, 1948, p. 52). He saw limitless potential in constitutive methods, given the multitude of sensory and functional capacities

that can be utilized for an interpretive response, including artwork (Frank, 1948). Constructive methods use pre-made objects that possess specific, identifiable meaning and function, such as toy animals, or they may use objects with more generalizable functions, such as building blocks. Artwork can be used in both constitutive and constructive methods depending on the amount of structure imposed on the task; asking a participant to create a drawing, for example, might be part of a constitutive approach if the participant creates a free-form, spontaneous image, while the task may be constructive if it involves directions to draw a specific thing (Frank, 1948). One of the key features of projective techniques is that they can include a range of materials or prompts, as long as the directions remain fairly ambiguous, the task relatively unstructured, and the patient is allowed to express their own response (Clark, 1995). Regardless of methods, engagement in any form of storytelling is apt to produce a window unto the inner self of the individual, as this reveals an insightful glimpse into their private, internal world (Frank, 1948). However, others have noted the helpfulness of using stimuli that allows for identification in order to encourage an easier process of projecting hidden thoughts, needs, feelings, and other internal experiences (Stein, 1955; Tomkins, 1947).

While projective techniques have earned a vital place in the history and application of personality assessment, this approach has been somewhat underused in terms of therapeutic application (Clark, 1995). Following the work of Frank and Tomkins, Pepinsky (1947) was an early advocate for therapists to incorporate projective techniques during treatment sessions as a tool for enhancing case conceptualization while nurturing the client-therapist relationship. Informal use of projective techniques (e.g., not used for assessment and personality testing) benefit therapy in several ways, including the enhancement of the counseling relationship by providing interesting, engaging tasks

in the therapy room, and an advanced understanding of the patient that is based in the patient's own phenomenological perspective (Clark, 1995). Arguably the most therapeutic component of projective techniques, however, may rest in the potential they possess to help clients give voice to inner aspects of themselves that have otherwise been too difficult or elusive to share (Spencer, 2012). By encouraging clients to evaluate and characterize an external object, projective techniques provide a psychologically safe means for individuals to access thoughts, feelings, values and experiences (Holman et al., 2016).

Art in Healing Contexts

Within the context of therapeutic tools, art has long been recognized for its potential to heal emotional wounds, increase self-understanding and empathy for others, foster self-reflection, reduce symptoms, and alter behaviors and thinking patterns to improve physical and psychological health outcomes (Camic, 2008). Traditionally, creative therapies have been closely associated with the professional discipline of art therapy, an integrative mental health profession where practitioners are trained not only in psychotherapeutic theory but in the use of artistic materials and mediums in order to improve cognitive and sensory-motor functions through the process of art-making and creative process (American Art Therapy Association, 2017). However, the use of art in therapeutic contexts is not limited to the domain of art therapy and enjoys broad applications across many disciplines (Gillam, 2013). For example, Stuckey and Nobel (2010) reviewed numerous studies of creative therapies, including visual arts-based interventions, and found that creative engagement was associated with positive health outcomes, particularly in decreasing anxiety, stress, and mood disturbances.

For college students, arts-based approaches appear similarly helpful. Varied papers have explored the appeal and efficacy of art therapy interventions and groups for the treatment of various mental health concerns among college students, such as depression, anxiety, trauma, and disordered eating (e.g., Boldt & Paul, 2011; Mercer, Warson & Zhao, 2010; Sandmire et al., 2012; van der Venet & Serice, 2012). Although existing research with college students is not extensive, generally these approaches are thought to be especially well-matched to the developmental and interpersonal challenges faced by this population, while also taking advantage of their openness to creativity and ingenuity (Boldt & Paul, 2011; McEneaney & Gross, 2009; Pachucki, Lena, & Tepper, 2010). More recently, I conducted brief survey study over the 2018-2019 academic year that found that university students use engagement in the arts and other creative outlets as a means for coping with stress, anxiety, and depression (Cahill Casiano & Ainslie, 2019). In a sample of university students ($n = 448$), approximately 65% of survey respondents indicated using arts-based activities such as drawing or photography to improve mood or increase hopefulness. Additionally, 54% of these students endorsed visiting an art museum or gallery as a helpful way to improve mood or increase hopefulness.

A parallel to the healing processes of arts-based therapies can be made to those of narrative therapy discussed earlier in this proposal. Narrative therapy recognizes that sharing stories is among the most powerful means by which people construct and express meaning in their life experiences, with the ability to change undesired or dysfunctional stories at the heart of the therapeutic process (Colbert et al., 2013). Elegantly paralleling this process, talking about art is another form of personal storytelling, with participants in arts-based therapies discovering that stories woven through art inspire the imagination of new possibilities and solutions for their personal narratives (Feen-Calligan, 2008). As Matto, Corcoran & Fassler (2003) explain, “Art therapy methods enable the construction,

deconstruction, and reconstruction of client narratives, and stimulate the expression of stories about the problem and its solutions” (p. 266).

While the efficacy of creative engagement is well documented, the primary modality used in expressive therapies involves the client’s creation or performance of artistic products such as drawings, sculptures, poems or dramatic scenes (e.g., Blomdahl, Gunnarsson, Griffiths, 2005; Guregard, & Bjorklund, 2013; Matto, 2005; Schnetz, 2004). The primary mechanism of change is thus hinged on the act of art-making in traditional creative therapies, where problem areas are “revealed” through the art-making process (Matto et al, 2003). Some practitioners have suggested that asking participants to produce or creative artwork may complicate the use of art as a therapeutic tool. For example, individuals may be distracted by the art-making process itself, especially if they are unfamiliar with the creative mediums in use, and may become frustrated or self-conscious (Boldt & Paul, 2011; Wadeson, 1980). Nonetheless, art remains a powerful tool for personal exploration and narrative change, and this study has piloted the use of an alternative modality with the potential to connect and resonate with a broader range of participants: the process of engaging with art objects to facilitate therapeutic healing.

Engaging with art as a therapeutic tool

For many individuals living in fast-paced contemporary societies, engaging with art objects invites individuals to slow down, recalibrate, and consider ideas, values and other sources of personal meaning and importance (Bennington, Backos, Harrison, Reader & Carolan, 2016). de Botton and Armstrong (2013) argue that art is helpful for breaking cognitive habits and automatic functioning, while simultaneously nurturing mindful introspection and meaningful engagement with others. They identify seven therapeutic functions served by the act of viewing and connecting with art: remembering,

hope, sorrow, rebalancing, self-understanding, growth, and appreciation. While the research is still fairly limited around engagement with art objects as a therapeutic modality, evidence suggests that it can be a useful tool for promoting emotional growth, wellbeing, and the amelioration of depressive symptoms (Nanda, Gaydos, Hathorn, & Watkins, 2010). There are several means in which active engagement with art objects is thought to provide symptom relief in persons experiencing emotional distress, including depressive symptoms.

Relatedly, engaging with art can serve a similar psychological function by serving as a vehicle for personal interpretation and exploration of consciousness (Holly, 1996). Research involving the use of projective techniques with art-viewing as a modality have demonstrated positive results, such as in Chan, Ngai and Wong's 2012 study where the use of photographs to support narrative therapy externalization techniques helped group participants de-identify themselves from their issues with substance abuse. Lending additional support to the use of art for projective strategies, Vick and Strauss (1997) found positive correlational relationships between depression and anger identified in artwork by participants and self-reported feelings of anger and depression.

This dynamic process of engaging with art objects through the act of viewing and fostering personal meaning-making operates through projective frameworks on several therapeutic levels. For example, Lanceley et al. (2011) found that the dual process of externalization and self-projection through objects—including artwork—provided emotional relief for cancer survivors. In this model, art can serve as a basis for metaphor and self-reflection. This then encourages introspection and dialog when direct conversation alone may leave individuals feeling too vulnerable or overexposed. As Spencer (2012) notes, "Viewing art opens us up to affect, thought, and spiritual experience. New things happen to us. We may not welcome or like it. It may surprise or

alarm us” (p. 780). Those viewing art are asked to be comfortable with discomfort (Beckett, 1992), paralleling one of the therapeutic challenges underscoring many approaches to eliciting change in clients (e.g., Leite & Kuiper, 2008). While therapeutic spaces should always be supportive, perhaps it will not always be a comfortable space as growth often happens through discomfort. Art-viewing invites individuals to accept this challenge, supporting their internal exploration by serving as a mode of reflecting on themselves and others (Spencer, 2012). Viewing art creates a metaphorical canvas on which individuals can place their own experiences and emotions, and in the process, see where there are opportunities to learn, grow, and change.

In clinical applications, several papers have highlighted the use of art-viewing strategies to complement the treatment of varied mental health issues. Miller (1993) found that incorporating art history elements such as art-viewing, contemplation of content and meaning as well as historical context, into art-making processes helped reduce anxiety in out-patient psychiatric populations. This suggests that the incorporation of purposeful, thoughtful viewing of art works facilitated the therapeutic process by enriching the patients’ experience through increased meaning-making. In 1996, Alter-Muri used images of famous artworks with clients and found that art-viewing helped form a connection between client art and art reproductions, promoted group cohesion, and served as a medium of psychological integration. Additionally, Matto (2005) used art-viewing to facilitate difficult conversations with adults seeking treatment for substance abuse, noting that engagement with art had the potential to facilitate the transfer of previously threatening stimuli associated with trauma and substance abuse to verbally accessible memory, so that the material could be cognitively processed and integrated. More recently, Mosek & Gilboa (2016) used art-viewing strategies as a therapeutic modality which integrated psychodynamic and narrative theory in a group

intervention designed to foster resilience and self-awareness for the reduction of compassion fatigue among helping professionals. Yet another study described improved psychological wellbeing and perceived social support among adult participants in a weekly group intervention held at a local art museum, where the setting and the art objects were integral components of the treatment plan (Bennington et al., 2016). Psychological wellbeing and social support were assessed using qualitative inquiry, with themes of hope, self-understanding, growth, and appreciation emerging from participant responses.

To date, there are few studies exploring the use of art-viewing as a therapeutic modality for college student populations, and to the best of this researcher's knowledge, none have explored this approach for the treatment of depressive symptoms in this population. However, there is evidence to suggest promise in the use of this modality. Treating late-adolescent females for depression, Scott (2003) found that arts-based projective techniques in therapy provided participants with a psychologically safe distance from individual issues, thereby creating opportunities for greater openness to the experience and expression of emotions. Wilkström (2001) used art-viewing in a group intervention with undergraduate nursing students in Sweden, and discovered that the ambiguity in the selected paintings invited the exploration of personal narratives which promoted the discovery of the students' personal knowledge of empathy. For college students who feel challenged in expressing their personal narratives, perhaps due to silencing for example, projective techniques provide an entry point for initiating difficult dialogs.

Museums as healing spaces

One of the main barriers to care faced by college students is stigma associated with mental health and traditional treatments (Eisenberg et al, 2009; Owen, Thomas, & Rodolfa, 2012; Van Lith et al., 2017). However, art museums and galleries can serve as non-stigmatising settings for therapy as these are not traditional institutions where diagnosis and treatment of mental health problems occur, an important distinction for individuals who may be vulnerable to feelings of shame or criticism around seeking therapy (Camic & Chatterjee, 2013). Therefore, the college or university campus art museum may serve as a non-stigmatized, low-cost and readily available setting for delivering psychotherapeutic treatments.

According to the College Art Association, more than 700 institutions across the United States have art museums or exhibition galleries serving their campus communities, usually at no cost to students, faculty, or staff (Glesne, 2012). The use of campus art museums to support formal education and help students meet course objectives is well-documented, but many museums also strive to integrate themselves as a vital component of everyday campus life. In this way, campus art museums seek to provide students with a space for both individual and social reflection, introspection, inspiration, and enjoyment (Glesne, 2012). By upholding this supportive spirit, campus art museums have already positioned themselves as venues for students to potentially access some of the psychologically healing functions of viewing art discussed earlier in this proposal. The implementation of a therapeutic program designed to help college students within this environment thus builds on the institutional goals of the campus art museum, and provides an exciting new avenue for mental health care that challenges stigma associated with traditional treatment settings. As Scott (2003) observes, “The use of creativity as well as projective techniques in therapy provides a safe distance from

individual issues, which, in turn, can result in clearer and more voluntary expression of emotions, a reduction of the stigma associated with therapy” (p. 20).

Surprisingly, there are no studies to date that explore the healing potential of campus art museums as spaces for therapeutic interventions with college or university students. However, there are studies with other adult or adolescent populations that demonstrate the promise of this alternative setting. Peacock (2012) noted that museum education and art therapy shared complementary goals for art-viewers and suggested a partnership between practitioners in both disciplines to use the museum as a place where individuals could engage in meaning-making and personal growth. Within communities, McNiff (2009) considered the practice of art therapy in shared spaces such as museums to represent an innovative method of expanding the therapeutic contexts. The environment of the museum provided a “mutuality of influence and inspiration” among participants, which he credited as the most beneficial feature of a program incorporating art therapy in the museum. Similarly, Camic & Chatterje (2013) found that museums and art galleries could serve as spaces for programs that encourage cultural activity, engagement and interaction to improve overall public mental—and physical—health. Museums are thought to contribute to wellness in several key ways, particularly through promoting relaxation, emotional and cognitive change, and personal introspection (Camic & Chatterje, 2013).

These themes of emotional awareness and improved wellbeing are echoed in additional studies exploring the use of museum spaces. In their work with senior adults, Bennington and colleagues (2016) discovered that the art museum provided a safe space for participants to explore emotions, thoughts, and memories. Their qualitative data also revealed improved wellbeing and social connectedness for participants, while viewing, discussing, and visually responding to art was found to generate shared themes that

matched the functional categories described by de Botton and Armstrong (2013). In their pilot project of a museum-based art therapy intervention with disadvantaged youth, Treadon, Rosal and Wylder (2006) noted the power of museums to build emotional awareness and foster interpersonal connection. In collaboration with their campus art museum, community teens were invited to participate in a seven-week intervention where they could develop emotional awareness and interpersonal understanding. The researchers lauded the success of their pilot project and encouraged further research into museum-based therapeutic approaches (Treadon et al., 2006). Spencer (2012) beautifully summarizes the healing potential that is innate to the art museum setting: “Viewing art involves at least a moment of recognition about ourselves; we connect with our present and our past in a different way....Participants have personal resonance with the artworks that—when shared with the group—offers multiple views for everyone” (pp. 778-783).

GROUP THERAPY

Group therapy is a broad and diverse category of therapeutic intervention strategies that involve the formulation and maintenance of a group of individuals (Yalom, 2005). Jacobs, Masson, Harvill and Schimmel (2008) proposed several types of groups, including psychoeducation groups, growth/experiential groups, and psychotherapy groups. Psychotherapy groups are defined as those which possess a clearly articulated purpose that seeks to address the specific problems participants have sought out treatment for (Jacobs et al., 2012). Specialized therapy groups exist to address the varied needs of those presenting to treatment, and include anxiety treatment groups, survivors of trauma group, substance use groups, and groups designed for the treatment of depression (Yalom, 2005). When considering the rising need for mental health care among college

students and the limited resources typically available on campuses, a group approach is viewed as an efficient and effective means for providing treatment to this population (Weatherford, 2017).

Several studies have observed the effectiveness of a group counseling across many different categories of college students (Burlingame, MacKenzie, & Strauss, 2004), with the social nature of this treatment providing healing benefits for participants, particularly in interpersonal domains. Jacobs and peers (2012) highlight the power of groups to nurture feelings of commonality and foster sense of belonging in participants through shared experiences. Sense of belonging is particularly important for college students, as deficits in feelings of connectedness and community are associated with depression and poor academic outcomes (Strayhorn, 2012). When there is an absence of belonging, students often become less interested and engaged in ordinary life activities (Weiss, 1973). In contrast, a strong sense of belonging is associated with many positive outcomes for college students, such as retention, achievement, and development of resilience. Frequent, positive interactions with others on campus creates a supportive network that can support the college experience (Strayhorn, 2012). Group psychotherapy has been found to help satisfy this fundamental need to belong, fostering social connectedness and helping students find commonalities in the experiences shared between group members (Jacobs et al, 2012).

Relatedly, group process also provides a safe space where members can learn from each other, practice new skills or behaviors, and receive helpful feedback. For Yalom and Leszcz (2005), who view this interpersonal process as a fundamental vehicle for change in the therapeutic setting, another benefit of group participation is in the ability for members to have corrective emotional experiences. These experiences serve to challenge internalized beliefs about the self and past relationships through meaningful,

in-the-moment relational experiences that disconfirm unhelpful, negative beliefs. This perspective on the mechanism of change complements the narrative approach, particularly in the goal of reconstructing negative narratives. It also complements the aforementioned museum-based approach, which to date has predominantly used group work as the method of treatment delivery (e.g., Bennington et al., 2016; Treadon et al., 2006; Mosek & Gilboa, 2016).

Chapter 3: Methodology

INTRODUCTION TO THE STUDY

This study aimed to develop and evaluate the effectiveness of a 4-week group workshop focused on promoting mental wellbeing. Entitled *A Healing Space*, this workshop was run in the Blanton Museum of Art, the campus art museum at the University of Texas at Austin. The intervention was designed to address the growing need for psychological care among college students through an innovative therapeutic setting where treatment focused on promoting helpful coping skills while facilitating students in their authorship of more positive personal narratives. Additionally, this exploratory study hoped to shed light on some of the ways in which engagement with art objects might serve as a psychologically restorative, healing process for college students. The workshop was structured as a group experience with the overarching goal to improve depressive symptoms and promote psychological wellbeing. The workshop actively incorporated experiential components that I adapted from art education practices, such as exercises to encourage slow looking and deeper observations of the art as well as the self (e.g., Tishman, 2018; Williams, 2010). These activities were delivered in the galleries and utilized engagement with art objects as the primary modality for initiating the change of negative, unhelpful evaluations of the self through critical consideration of individuals' life-stories. This innovative intervention strategy proved consistent with calls for the previously discussed creative, non-traditional approaches to mental health treatment with this population.

The workshop was also designed from a theoretically integrative perspective. Therapeutic goals, practices and techniques were adopted from narrative approaches to support individuals in creating new, positive life-stories in contrast to negative personal

narratives which serve to maintain the experience of depressive symptoms or inhibit psychological wellness. Strategies to facilitate interactions with artworks were drawn from the disciplines of art therapy and museum education. Finally, a group workshop format was selected as an optimal vehicle for delivering the intervention based on two core reasons. Primarily, the shared experience of group work fosters universality and connectedness in students as they author preferred personal narratives (Jacobs, Masson, Harvill & Schimmel, 2012). Another important rationale is that, as a modality, group therapy maximizes service delivery, helping to address the conflict between rising demand for services and limited availability of delivery resources (Weatherford, 2017).

The current study took advantage of the methodological strengths inherent to a mixed-methods approach (Hesse-Biber, 2010), using a pretest-posttest design to explore preliminary data suggestive of change on outcome variables of interest, while qualitative data was collected and analyzed to help elucidate the mechanisms of change and the lived experiences of participants. Primary research objectives included exploring the feasibility of recruitment, randomization, retention, assessment procedures, as well as the feasibility of implementing this novel intervention. In keeping with recommendations for best research practices, this study does not attempt to claim generalizable causal inferences (Leon, Davis, & Kraemer, 2011), and given the limited resources available to staff this preliminary study, a control group was not utilized and sample size was restricted by what was reasonable for the sole researcher to handle.

A variety of data was collected over the course of the study, including demographic information, and a series of validated measures were used to assess changes in participants' self-reported symptoms of depression, level of insight/self-reflection, adoption of coping skills, and shifts in narrative identity. Results were analyzed using paired sample t-tests, comparing pretest measures to posttest measures for participants in

the study, to make broad determinations of trends in the data that might suggest the intervention improves measured outcome variables. Data gathered during sessions and from participants' exit interviews was analyzed using interpretive phenomenological analysis to explicate the ways in which the museum setting and processes of therapeutic art-viewing are experienced by college students. Given that there is little research in this area, the findings of this current study have much to contribute to the field's understanding of how this modality might be used to support college mental health care and encourage further inquiry.

RESEARCH QUESTIONS AND HYPOTHESES

Research Question 1: To what extent does participation in the proposed museum-based, art-viewing intervention improve depressive symptoms in college students?

Hypothesis: Participation in the intervention will result in statistically significant improvement in depressive symptoms when comparing pre- and post-treatment scores on the PHQ-9 measure.

Rationale: Studies have demonstrated the effectiveness of art-viewing interventions in promoting emotional wellbeing in adult populations (e.g., Bennington, Backos, Harrison, Reader, & Carolan, 2016; Camic & Chatterjee, 2013). Currently, there are no studies to date that have explored the efficacy of art-viewing, museum-based interventions for college student populations. However, results of a meta-analysis that compared treatment for depression in college student populations to non-college adult populations showed no significant difference, suggesting that effects found in adults coping with depressive symptoms are likely generalizable to college students (Cuijpers et al., 2016). Furthermore, arts-based therapeutic approaches are recognized as being especially well-matched to the developmental and interpersonal challenges faced by

college students (McEneaney & Gross, 2009). In light of these findings, it was reasonable to assume that the proposed art-viewing group intervention would reduce depressive symptoms in student participants.

Research Question 2: To what extent does participation in the proposed intervention increase awareness of narrative identity?

Hypothesis: Participation in the intervention will result in increased awareness of narrative identity when comparing pre- and post-treatment scores on the ANIQ-Awareness (ANIQ-A) measure.

Rationale: Singer (2004) describes narrative identity as a means for individuals to position their life-story within complex social systems, while an awareness of this identity is associated with psychological wellbeing (Hallford & Mellor, 2015). College students are beginning to form and understand their narrative identities (Tseng, 2017), however, they may not yet be conscious of the extent to which they are relying on these life-stories to construct their sense of self. Narrative awareness is defined as the understanding that personal experiences comprise a story about the self that has the power to shape personal identity (Hallford & Mellor, 2015). The proposed intervention invites participants to directly engage with their life-stories through viewing art and exercising Narrative Therapy practices that emphasize personal storytelling, meaning-making, and re-authoring of personal narratives (Matos et al., 2009; Payne, 2006). It was reasonable to assume that engaging in these practices over the course of the intervention would increase awareness of narrative identity and its role in mental wellness.

Research Question 3: To what extent does participation in the proposed intervention improve causal coherence of personal narratives?

Hypothesis: Participation in the intervention will result in improved narrative coherence when comparing pre- and post-treatment scores on the ANIQ-Thematic Coherence (ANIQ-TH) measure.

Rationale: Coherence of personal narratives has been linked to psychological wellness (Adler, 2012; Baerger & McAdams, 1999), with the ability to make meaning out of life-stories contributing to healthier self-concepts (Linde, 1993; Singer 2004; Tseng, 2017). Thematic coherence in personal narratives refers to an individual's ability to make connections and meaning across life episodes, identifying overarching themes that serve as interpretations of these events or episodes (Hallford & Mellor, 2015). The narrative therapy practices used in the proposed intervention emphasized the development of thematic coherence in personal narratives by asking participants to specifically address context and thematic qualities as they worked towards shifting interpretations or re-authoring their life-story. It was believed that this should support the development of more coherent thematic narratives by the end of the workshop.

Research Question 4: To what extent does participation in the intervention promote the adoption of the following skills for managing distress: a) reframing – trying to see things in a new light, b) acceptance – coming to terms with the reality of the situation, and c) seeking of social support (getting help from others)?

Hypothesis: Participants will endorse increased use of the described distress management skills as measured by comparing pre- and posttest scores on related subscales of the COPE instrument.

Rationale: As discussed earlier in this proposal, three key narrative therapy practices are used in this intervention: externalizing, identifying unique outcomes, and using outsider witnesses. These practices are conceptually almost identical to strategies found in what Craig, Miner, Remtulla, Miller, and Zanussi (2017) identify as the

functional coping categories of problem-focused and emotion-focused techniques. Skills associated with these beneficial strategies include externalization of problems (client recognizes they are not their problem), reframing and perspective taking, verbalization of feelings and thoughts with others (Bettis et al., 2016; Meaney-Tavares & Hasking, 2013; Penland et al., 2000). By actively practicing these skills through the lens of personal narrative, participants will recognize them as strategies for interpreting and responding to future situations and challenges. Additionally, social learning between group members is a key therapeutic element of group work (Yalom & Leszcz, 2005). It was reasonable to assume that as some participants adopt these practices for interpreting life events and responding to challenges, this would support other members in learning these skills through the shared group experiences in the museum.

Research Question 5: To what extent does participation in the proposed intervention increase insight and self-reflection?

Hypothesis: Participation in the intervention will result in increased insight and self-reflection when comparing pre- and post-treatment scores on the Self-Reflection and Insight Scale.

Rationale: As Silvia & Phillips (2011) have noted, insight is a crucial factor for positive wellbeing, and self-reflection is a crucial aspect of developing insight (Harrington, & Loffredo, 2011). The current study used engagement with visual arts as points of personal exploration focused on identifying and describing personal life narratives, a process of meaning making that is made possible through skills invested in fostering insight and self-reflection (Matos et al., 2009; Payne, 2006). It was reasonable to assume that engagement in the workshop activities advanced personal insight and self-reflection, helping to promote mental wellness.

Research Question 6: To what extent does participation in the proposed intervention reduce perceived stress?

Hypothesis: Participation in the intervention will result in decreased perceived stress when comparing pre- and post-treatment scores on the PSS-10 measure.

Rationale: As much research shows, college students experience elevated levels of perceived stress, which can result in symptoms of affective disorders such as depression or anxiety (ACHA, 2016; Beiter et al., 2015; Van Kim & Nelson, 2013). Interventions with elements of stress management and reduction have been shown to reduce affective symptomatology (Stroud, Davila & Moyer, 2008), and the current project is positioned to not only incorporate and expose participants to helpful coping skills, but the arts- and museum-based experience may innately have stress reduction properties (de Botton, 2013). Additionally, with some research suggesting there is strong appeal of arts-oriented programming among college students (Cahill Casiano & Ainslie, 2019), the current study may be uniquely positioned to help students shift their perceptions of events or situations to reduce perceived stress. Researchers have noted that stress-reduction interventions which reflect beliefs and attitudes salient to targeted populations, including college students, may be especially effective (Yzer & Gilasevitch, 2019).

Research Question 7: How do participants experience engagement with art objects in relation to their personal explorations of life-stories, narrative identities, and mental wellness?

Hypothesis: Given that this question is motivated by a qualitative line of inquiry that intends to explore the themes which emerge directly from participant responses and materials (i.e., interview quotes, reflection forms, etc.), this research question does not presuppose a hypothesis to be tested (Wertz et al., 2011).

Rationale: To address this question, a qualitative approach based on interpretive phenomenological analyses provided rich, thematic data on how students felt and understood their experiences in the galleries. Scholars across disciplines embrace both art and museums for the therapeutic potential they offer through opportunities for exploration, reflection, and engagement in community (e.g., de Botton & Armstrong, 2013; Treadon et al., 2006; Williams, 2010). For some, it is in the ambiguity of objects and the multiple interpretations therein that inspire the process of contemplation and growth (e.g., Spencer, 2012; Wikström et al., 2001). However, little research has explored the lived experience of engaging with art objects with a therapeutic purpose. This study sought to deepen the discourse on how engagement with art functions in this therapeutic context, particularly for college students, who are just beginning to understand their sense of self and the life-stories that contribute to their narrative identity.

Research Question 8: How do participants experience the various components of the intervention, including the group experience itself, their interactions with co-members, the museum setting, the group facilitator, the narrative-based exercises, and their engagement with art?

Hypothesis: As with the previous qualitative research question, no hypothesis has been presumed for this line of investigation.

Rationale: Given the complex and multifaceted nature of the intervention, it may be difficult to tease apart which aspects of the intervention are most helpful or salient for participants. This research question attempts to narrow, if not fully illuminate, those elements of treatment that had the most meaningful impact on participants by analyzing their responses and materials through the lens of phenomenology.

METHOD

Due to the exploratory nature of the current pilot study and the types of questions being investigated, I selected a mixed-methods research design to broadly assess the efficacy of the intervention and to explore the experiences of participants who engaged in this innovative art-viewing intervention for the support of mental wellbeing. Both quantitative and qualitative data were collected over the course of the study and have contributed to the subsequent findings.

Mixed Methods Research (MMR)

Johnson, Onwuegbuzie, and Turner (2007) proposed the following definition for MMR based on key themes highlighted from their meta-analysis of papers on mixed methodology: “Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration” (p. 123). MMR designs integrate research methods historically viewed as oppositional to each other, drawing on the complementary differences and strengths innate to qualitative and quantitative methods in order to more fully and richly address inquiries of study (Creswell & Plano Clark, 2016). This approach draws on both quantitative and qualitative data within a single study to address one or more of the following aspects of a research project: whether or not the study’s objective is based on both exploration and prediction, the type of data to be analyzed, the form of analysis, and the type of inference (Leech & Onwuegbuzie, 2009). The rationale for employing an MMR design rests in the very nature of the investigative questions being posed, where the use of one method alone would be unable to sufficiently address the study’s purpose

(Creswell & Plano Clark, 2016). Plano Clark (2017) provides an excellent example of such a situation within psychology research, where a quantitative approach may yield predictive data around the efficacy of an intervention, yet fail to provide insight into the mechanisms behind the intervention's efficacy—let alone provide any information regarding the individual or collective experiences for participants in a research study. This is considered the core advantage of MMR and informs the method's fundamental principle, that MMR reflect a complementary fusion of methodological strengths and nonoverlapping weaknesses which strengthen the quality of a study's findings (Johnson and Turner, 2003). Additionally, qualitative data may assist in the development of interventions, or it may support the validity of quantitative findings--and vice versa: quantitative data may assist in explaining qualitative findings (Fetters, Curry & Creswell, 2013).

Recognizing this approach as a powerful research tool, scholars are increasingly valuing the ability of an integrative approach to more fully, and deeply, elucidate the understanding of a studied phenomenon or experience (e.g., Fetters, Curry & Creswell, 2013; Greene, 2007; Hesse-Biber, 2015; Tashakkori & Teddlie, 2010). The National Institute of Health has outlined best practices for MMR designs, and notes that there is flexibility in how a mixed method study can be conducted (NIH, 2011). For example, researchers may choose to employ qualitative research methods for one part of a research study, and then collect quantitative data for another stage of the study. However, distinguishing between when the actual mixing of data occurs has allowed theorists to establish the concepts of partially mixed and fully mixed methods. The core difference is that partially mixed methods research involves the collection of quantitative and qualitative data (either concurrently or sequentially), followed by the mixing of data at the data interpretation stage (Leech & Onwuegbuzie, 2009). Additionally, mixed

methodologies exist on a continuum, with equal status positioned between qualitative dominant (QUAL +quan) and quantitative dominant (QUAN +qual) respectively. QUAL +quan mixed research relies on the interpretive and meaning-making aspects of a study's process, while also valuing the addition of quantitative data to support, clarify or expand findings (Johnson, Onwuegbuzie, & Turner, 2007).

Quantitative Research Method

Quantitative data was gathered at three points throughout the project: during the recruitment phase, participants completed a validated screening measure for depression (the PHQ-9), and pre-/post- treatment self-report measures were collected to assess the efficacy of the novel intervention piloted by the current study. Secondary dependent variables of interest, including level of insight and self-reflection, appraised life satisfaction, awareness of narrative identity, narrative coherence, and adoption of practices used in the intervention, were also assessed using pre- and post-treatment data. Results were analyzed by comparing participants' scores on validated measures gathered prior to first treatment session and those gathered at the conclusion of treatment.

Qualitative research method: Interpretive Phenomenological Analysis

Interpretive phenomenological analysis (IPA) is a contemporary qualitative research method originated by health psychologist J. Smith, who endeavored to develop an experiential approach to qualitative research that integrated several key methodological traditions within the discipline of psychology (Smith, Flowers & Larkin, 2009). IPA involves a detailed examination of an individual's lived experience, including the meaning assigned to this lived experience and how one is able to make sense of that experience (Smith et al., 2009). As qualitative approaches have garnered greater

appreciation among researchers due to the rich, in-depth data they yield, IPA has become an increasingly popular choice for psychologists and researchers in related fields, such as counselor education (Miller, Chan & Farmer, 2018). This method is particularly useful in explorations of experiences that hold deep existential value for the individual (Smith, 2011). A strong advantage of this form of qualitative analysis is its dissociation with the common push for generalizable results that is the ultimate goal of research for more traditional, quantitative-based methodologies, which ultimately limits the depth to which a phenomenon can be described and understood (Hefferon & Gil-Rodriguez, 2011).

IPA draws heavily from three theoretical models that emphasize the identification and interpretation of human experiences: phenomenology, hermeneutics, and idiography. Historically, the focus of phenomenology has hinged on the need to understand a human experience from the vantage point of the experience itself—that is to say, understanding the “experience on its own terms” (Smith, 2011, p. 9). Hermeneutics is concerned with the interpretation of texts, broadly defined to include written and oral accounts which can then be analyzed to yield an interpretation of meaning (Rennie, 2012). Idiography is defined as the study of particular or individual, rather than the general or broad (Miller et al., 2018). IPA strives for a broader understanding of an experience as not only a human enterprise with shared elements (including shared meaning or understanding), but as a highly personal, individualized journey for person who engages in an experience (Smith et al., 2009). IPA is thus uniquely positioned to explore an experience from both a point of convergence (where individuals participating in a similar experience have shared interpretations and understandings) and diverge (where individuals have unique points of interpretation and understanding): as Smith (2011) notes, “IPA recognises [sic] that there is not a direct route to experience and that research is really about trying to be 'experience close' rather than 'experience far'” (pp. 9-10). Additionally, IPA recognizes the

researcher's role in the interpretive process, acknowledging that they are also involved in a process of meaning-making as they engage with participants. Smith (2011) labeled this approach "double-hermeneutics", and defined it as the researcher "trying to make sense of the participant trying to make sense of what is happening to them" (p. 10). In other words, IPA allows for a form of meta-interpretation that allows for deeper meaning-making into participants process of meaning-making itself.

IPA's connection to idiography is deepened by the method's importance placed on case-by-case analysis, where an individual's experience is documented and explored in detail, followed by cross-exploration of cases for shared patterns (Smith, 2011). A key strength and unique element of IPA, however, is the emphasis on balancing both convergence and divergence of themes across participants, presenting not only shared aspects of the experience but also highlighting the particular ways in which these themes evolved for the individual participant (Smith, 2011).

Intervention

The group intervention consisted of four weekly, 90-minute sessions held at the University of Texas campus art museum, the Blanton Museum of Art. In its mission to serve both the university and the broader Central Texas community, the Blanton boasts an impressive collection of over 19,000 art objects that represent various artistic movements, styles, time periods, and world regions, most notably European painting, as well as modern and contemporary American and Latin American art (Blanton Museum of Art, n.d.-a). The museum also embraces a core mission to support the campus community and enrich the academic experiences of university students through its educational programming and thoughtful curatorial efforts, incorporating arts-based learning to complement course curriculums and instruction (Blanton Museum of Art, n.d.-b). While

members of the campus community, including student groups and instructor-led classes, may seek out structured learning experiences from the museum's education staff, UT faculty, staff, and students are also invited to schedule self-guided visits to enhance the unique learning needs of their groups (Blanton Museum of Art, n.d.-c). Given the museum's position as a preeminent cultural haven and its open invitation for campus community members to enhance learning through art, the Blanton was a natural choice of setting for the researcher to conduct the workshop sessions.

The number of sessions was chosen in order to maximize student participation by being cognizant of fast-paced academic calendars and hectic student schedules, which make brief counseling approaches ideal (Eichler & Schwartz, 2010). Research also supports the efficacy of brief treatment models, with clinically significant changes in symptoms of acute distress, including depressive symptoms, abating within five treatment sessions or less (Lopes et al., 2014). Students who have agreed to participate and who meet inclusion criteria for the study were sorted into cohorts composed of five to eight members, in keeping with the ideal size for group therapy interventions (Jacobs et al., 2012).

In determining the number of group cohorts and, ultimately, the total number of participants, the researcher addressed several issues around satisfying requirements for statistically interpretable results in light of the inherent logistical limitations around the study's design. In keeping with the practices recommended for conducting quantitative research on group interventions (McCarthy et al., 2017), an a priori power analysis was computed using *PowerUp!*. A statistical software tool based on Minimum Detectable Effect Sizes (MDES) formulae; the *Power Up!* tool runs in Microsoft Excel and allows researchers to calculate a minimum effect sizes in accordance with various study designs, including individual random assignment designs (Dong & Maynard, 2013). As a target

minimum detectable effect size (MDES), the researcher established a medium effect size value of 0.35, as opposed to the conventional value of 0.5 (Cohen, 1988). Given the limited amount of experimental research in arts-based therapies, and the lack of available experimental data on art-viewing as a treatment modality, it may be reasonable to consider even small effect sizes as important for this study. Using the PHQ-9 test-retest reliability coefficient of $r=0.86$, we can assume that the covariate of depression can account for at least 74% of the variance in depressive symptoms, and the researcher has determined that 69 total participants are required to detect an effect size of 0.35 with 80% power at a type I error rate of .05 using ANCOVA. However, it is already very common for group research to involve small sample sizes due to factors such as limited resources (McCarthy et al., 2017). Given the logistical limitations of this study being conducted by a sole researcher on a single college campus, it is more realistic to expect a much smaller sample size than the idea number of 69 total participants. This does not preclude the potential of statistically significant results, however.

A helpful factor working in the proposed study's favor is the use of repeated measures. McCarthy et al. (2017) states that statistical power can be increased by implementing pre- and posttest measures that are obtained from every participant, reducing the overall need for more participants through the reduction of within-group or error variance, which in turn results in reduced standard errors with the test statistics. This approach has allowed researchers conducting group work to detect statistical improvement in outcome measures with as few as 14 group members (e.g., Shannonhouse, 2014). McCarthy and his co-authors (2017) also stress the importance of using an effective treatment to improve power: the more successful an intervention is in improving outcomes, the larger the effect size will be; and larger effect sizes are easier to detect means improved ease of actually detecting an effect when working with smaller

sample sizes. While the present investigation seeks to discover the efficacy of the proposed art-viewing intervention, and can only hypothesize about its potential to improve outcomes, it is important for the quality of treatment delivery to be high and consistent. Therefore, limiting participation numbers to a volume that can be realistically and carefully managed by the researcher is a critical factor in ensuring the treatment is providing as best it can be, which subsequently may improve statistical power.

In order to provide consistency over the course of treatment and control for variation in facilitation of the group process, the researcher was the sole treatment facilitator for each cohort. To further support treatment fidelity, the facilitator followed session lesson plans (Appendix A) to ensure the same session goals and objectives are met for each cohort. Because there was only one group facilitator, a maximum number of four workshop cohorts were formed, with no more than two cohort groups run per day. This was identified as the maximum number of cohorts per day that the researcher felt able to reasonably handle to help prevent fatigue that might compromise treatment integrity across cohorts.

A total of 15 participants completed their participation in the workshop. While an attempt was made to randomly sort participants into cohorts, some flexibility was necessary based on the participants' schedules. However, once cohort assignments were finalized, cohort membership remained constant throughout the course of treatment. All cohorts received treatment within the same semester period in order to control for variation of timing within the academic calendar. These cohorts were collectively referred to and analyzed as the treatment group for this study.

The workshop piloted the use of engagement with art objects as a therapeutic modality to help college students improve mental wellbeing by identifying unwanted, negative personal narratives, and empower them to change these old narratives into

desired, positive narratives. The intervention is based on theories of change outlined in the therapeutic model of Narrative Therapy (White & Epston, 1990), and moves participants towards the following goals: 1) translate lived experiences into verbalized stories for enhanced self-awareness; 2) experientially engage with personal stories to access emotions and discover new understandings of lived experiences; 3) reflect on and construct new meanings associated with new emotions and stories that emerge, thereby reconstructing personal narratives that reflect new intra- and interpersonal perspectives. The group work strove to improve symptoms of depression by targeting negative self-appraisals, such as feelings of hopelessness, helplessness, worthlessness or guilt. These particular symptoms have been selected as they are frequently occurring themes in negative personal narratives that work to keep a person “stuck” in their poor affective state (Rodríguez Vega et al., 2014). The workshop also simultaneously fostered positive coping skills such as reframing and connection with others, while working to develop personal narrative coherence. To support the achievement of therapeutic goals, each session used engagement with art objects as the primary therapeutic tool for helping students recognize and identify emotions, name problem narratives, externalize, make meaning, imagine alternate possibilities, and re-author life-stories.

Many of the previously documented interventions that incorporate art-viewing have used pre-selected images as points of departure for dialog and personal exploration (e.g., Feen-Calligan et al., 2008; Spencer, 2012). The study predominantly made use of the Personal Response model proposed by Williams (2010), which allowed participants to choose works of art for themselves based on prompts or questions provided by the group facilitator. Each week, sessions were run in different galleries of the museum, including the American and Contemporary art, European art, and Latin American art galleries. This was done in order to more efficiently navigate the space as a group given

the time constraint of the workshop. The decision of which gallery to use each week was made ahead of each session and was consistent across groups in order to maintain uniformity for participants. Galleries were chosen based on several factors including availability of space within the galleries to accommodate a group of approximately 5-6 individuals, as well as there being a sufficient number of art objects for participants to choose from. I intentionally selected galleries which displayed a minimum of 3-4 different art objects per person (or, a minimum of 20 different art objects in the gallery) which provided participants with a variety of visual objects that could be reasonably engaged with using slow looking strategies learned through the workshop. These slow looking strategies included noticing as many different details as possible in a work (also known as the “open inventory” observation approach), and paying attention to elements of a particular work such as line, shape, and color (an observation strategy based on “categories”) (Tishman, 2018, pp. 8-20).

The general structure and flow of each session was as follows: participants were invited to explore the selected gallery for the week for a determined amount of time (typically 15-20 minutes), select an image that best captures their response to the prompt, and then visit the selected works as a group for discussion. This use of prompts and guiding questions supported content focus and greater fidelity to the therapeutic goals of each session, while still encouraging agency and self-direction in the therapeutic journey. This was in keeping with the objectives of the narrative therapy model, which similarly espouse agency and empowerment (Phillips, 2017). Additionally, the Personal Response Model is in alignment with the open response nature of projective techniques, which, according to Frank (1948), “allow[s] the subject to...react to the situation or its constituents in his own individualized way” (p. 47).

The design of the workshop experience also sought to capitalize on the benefits innate to group psychotherapy, which includes making meaningful connections with others, experiencing commonality, vicarious learning, and development of interpersonal skills (Jacobs et al., 2012). The facilitator used techniques such as linking and drawing out to encourage student-student connections that might form in the group setting. In turn, connections between group members nurtured a sense of universality and contributed to the formation of supportive networks that promote personal growth and higher self-concepts (Strayhorn, 2012). The workshop session plan was inspired by the work of White (2007) and Carlson (1997), and more recently by the work of Bennington et al. (2016) and Mosek and Gilboa (2016). The following outline for the group intervention draws specifically on the work of Carlson (1997), who integrated narrative and art therapy approaches. As described in his case study, the structure of his treatment revolved around the four main principles of narrative therapy: the discovery of dominant narratives, externalization of the problem, exploration of unique outcomes and alternate narratives, and performance of the new narrative to a relevant audience (Carlson, 1997). The current study proposed the use of a similar, integrative treatment structure, as this complements the brief therapy goals while drawing on key tenets of narrative and arts-based approaches. What follows is an overview of the group's structure.

Group Overview

A preliminary gallery lesson plan for each session has been provided in Appendix A of this document. Unless otherwise noted, activities and warm-ups to be used in the galleries were drawn primarily from Shari Tishman's, *Slow Looking* (2018). At the time of this writing, Tishman is a senior researcher at Project Zero, a leading research and development center through Harvard University's Graduate School of Education that has

emphasized education through the arts throughout the center's 50 year history (Project Zero, n.d.); her work reflects key research from Project Zero into the visual arts as an educational tool (Tishman, 2018). Outlined below is the conceptual overview of each session along with therapeutic goals:

Session 1: Discovering the dominant narratives. According to White & Epston (1990), a significant assessment strategy of narrative therapy is uncovering the dominant (problem) narrative that clients have adopted, subsequently developing a sense of potential externalizations. However, verbalizing these dominant narratives can be difficult for some clients (Carlson, 1997), particularly if the dominant narratives are deeply internalized or hidden. As a co-creator/author, the therapist's role is to facilitate the telling of these narratives. The utility of self-portraiture in helping a client explore their identity and personal life story is documented in art therapy practices (e.g., Wadeson, 1973). Through engagement with art objects, the personal exploration can begin with asking clients to seek out an object that best fits their conceptualization of their own self-portrait.

Session 2: Externalizing. In narrative therapy, externalization is the process through which clients separate their lives/identity from a negative story (White, 1993). In the previous session, participants were asked to identify a work of art that represents their self-portrait and serves as a projective object of their personal narrative or life story. However, finding this art object does not indicate that full externalization of their negative narrative has happened, though it remains an important first step towards externalizing. For example, in Carlson's case study (1995), he describes a client's struggle with anger. Creating a self-portrait helped both client and therapist realize that anger was the culprit—not the client herself. Subsequent conversations revolved around better understanding and recognizing the influence anger had over her life.

Similarly, the focus of Session 2 was on shifting participants' dialogue from self-blame to identifying and battling the problem. The facilitator selected an art object for the group to view together, facilitating a conversation that draws on the narrative therapy practice of reframing. The facilitator asked participants to take new/different perspectives on the presented artwork, and the conversation focused on generating alternate feelings and interpretations around the selected artwork that support the new frame of reference.

The use of language throughout this session (and in future sessions) was of particular importance, and the use of externalizing statements was consistent and encouraged. This helped students to de-characterize and distance themselves from the problem narrative. The use of metaphors is common in narrative therapy (Payne, 2006), and this practice was adopted in the galleries by asking participants to find objects to serve as visual metaphors to help create distance between themselves and their problem narrative. Participants were asked to locate an object that visually represents a key memory that has shaped their self-understanding.

Session 3: Alternate Stories/Unique Outcomes. This session revolves around continuing to help clients explore unique outcomes and alternate stories. These alternate narratives serve as a vehicle for uncovering new meanings around life experiences, and therefore establish a foundation for change (Carlson, 1997). In this session, participants were asked to engage with art objects that connect to past challenges. Coping skills and techniques introduced in this session include reframing and exploring possibilities. This step helps further separate the client from their problem.

Session 4: Revisiting the self & Performance. Epston, White and Murray (1992) highlight the importance of rehearsing new narratives before a "relevant audience". This session involves the performance of restructured narratives, recited in front of the artworks the participants have chosen as projective representations of their re-authored

narrative. This session seeks to capitalize on the “outsider witness” technique described earlier in this proposal (see Russell & Carey, 2004), with group members serving as supportive observers/witnesses of their new and developing stories. Closing thoughts and perspectives were shared during this final group meeting.

Approval by Human Subject Committee

This study was conducted following the guidelines and standards established by the Institutional Review Board (IRB) for the Protection of Human Subjects at The University of Texas at Austin. Approval to proceed with the study was provided by the IRB in Spring 2019.

Participants

Participants were drawn from a convenience sample of undergraduate students attending the University of Texas at Austin. Potential participants were recruited using a pre-screening questionnaire in Qualtrics, a secure survey website. The survey was distributed electronically to students in the Educational Psychology (EDP) subject pool, which is composed of several hundred students enrolled in Educational Psychology undergraduate lecture classes each semester (“Subject Pool Participants”, 2017). Additionally, the researcher recruited potential participants in-person through presentations in several undergraduate psychology courses, and via word-of-mouth from interested participants. Students interested in participating were asked to complete the electronic pre-screening questionnaire, and a total of 118 individuals expressed interest in the study.

Pre-screening: Exclusion and inclusion criteria

In the pre-screening questionnaire, individuals were asked several questions relevant to the nature of this study, including whether or not they are experiencing depressive symptoms, their current participation in psychological or psychiatric treatment, their interest in receiving treatment on campus, and their current engagement in creative arts activities. Additional key demographic information was collected in the pre-screening survey, including year in school, gender, veteran status, ethnic/racial demographics, and major. See Appendix B for the initial recruitment survey.

Students were eligible for participation if they were at least 18 years of age, currently enrolled in courses for the Spring 2019 semester, indicated experiencing depressive symptoms, and were not currently receiving mental health treatment (either counseling or medication management). Of the 118 students who indicated interest in participating, 23 students met inclusion criteria and consented to meet with the researcher for group screening.

For the sake of keeping the pre-screening recruitment survey as brief as possible yet diagnostically helpful, the survey included the depression assessment questions from the PHQ-9. Relying on the cut-off scores recommended by the measurement's developers, potential participants had to indicate a minimum score of 5 for depressive symptomology (Pfizer, n.d.) in order to be eligible for participation. Students who endorsed symptoms meeting criteria for a severe affective disorder (e.g., a score >19 on the PHQ-9 items), or who expressed active suicidal ideation (a score >0 on question #9 of the measure, "Thoughts that you would be better off dead or of hurting yourself in some way"), were referred to the UT Counseling and Mental Health Center (UT CMHC) for care. Given that student safety is a priority, and that the proposed study has not been designed specifically for suicide prevention or for the treatment of severe affective

disorders, the researcher determined that any students endorsing suicidal ideation would not be eligible for inclusion in the current study. All students who participated in the pre-screening survey, regardless of suicidality level, were provided with contact information for the UT CMHC center. In addition, students were provided with contact information for the university's 24-hour crisis line, as well as the telephone number for the national suicide hotline.

Pre-group information sessions were held to determine appropriateness of fit for the group, a best practice recommended by the Association for Specialists in Group Work (Thomas & Pender, 2008), and foster commitment to participate in the workshops. Appropriateness of fit is recognized when an individual's needs and goals for a counseling experience are aligned with those of the group (Thomas & Pender, 2008). The researcher modeled the pre-group information session on screening processes developed for use at the UT Counseling and Mental Health Center (Damer, 2009). These information sessions served the dual purpose of screening and preparing students for what the group experience would entail. Additionally, the pre-group session may help to screen out students who are not ready to engage in a group experience, reducing attrition rates over the course of treatment (Damer, 2009). See Appendix C for the Pre-group Information Session agenda and participant form.

Of the 23 students who agreed to meet for a pre-group session, 20 students were determined to be a good fit for the group and agreed to participate. These students were divided and assigned to four intervention groups based on their availability and the museum's operating hours, and each group was assigned 4 -5 participants. The workshop groups were run in the mid-to-late Spring 2019 semester, and over the course of study 5 participants dropped out, for a total final sample size of $n=15$ participants who completed the workshop sessions and exit interview.

Data collection procedure

Qualitative data was collected throughout the intervention and in the follow-up, post-intervention interview. Qualitative data collected during the intervention included the researcher's field notes (taken during the sessions), reflective journaling (occurring post-sessions), and follow-up exit interviews with each participant upon completion of treatment. The exit interview was scheduled within two weeks of the workshop's conclusion in order to assess the students' experiences with, and reflections of, intervention.

Quantitative data was collected at three points in the study: pre-screening for participant selection, immediately prior to treatment, and immediately post treatment. The initial pre-screening survey was administered electronically and was used to determine eligibility for participation, gather pre-treatment assessment of a key variable of interest (severity of depressive symptoms), as well as demographic information. Additionally, data assessing change in variables of interest was collected before the first session and immediately after the final session. The following measures were used to address the study's quantitative research questions.

Measures

Demographic variables: Demographic information was collected in the pre-screening survey, such as age, current number of enrollment credits, gender identities and ethnic/racial identities. See Appendix B for the pre-screening survey.

Patient Health Questionnaire (Kroenke, Spitzer, & Williams, 2001): The PHQ-9 is a 10-item, self-report inventory designed to assess for the presence of depression, as operationalized in the DSM-IV diagnostic criteria for Major Depressive Disorder (Bettis

et al., 2016). The PHQ-9 is one of the most commonly utilized measures for depressive symptoms among researchers and clinicians, and has been used in college and university settings to document rates of mental health disorders and to identify those in need of mental health treatment (Roth, Isquith & Goia, 2005; Vitaliano, Maiuro, Russo & Becker, 1987). Additionally, studies have suggested that the psychometric properties of the PHQ-9 are on par with that of another commonly used measure of depression, the Beck Depression Inventory (BDI-II) (e.g., Schutt et al., 2016; Titov et al., 2011). The PHQ-9 also demonstrates several advantages over the BDI-II, notably that the criteria for clinically significant change is met more frequently on the PHQ-9 (Titov et al., 2011).

The PHQ-9 asks participants to rate the severity of depressive symptoms as experienced within the past two weeks using a Likert-type scale with four options: 0 – not at all, 1 – several days, 2 – more than half the days, 3 – nearly every day. Responses on the inventory are totaled to yield a severity rating, with established cutoffs indicating mild, moderate, moderately severe, and severe symptom levels. The PHQ-9 has acceptable diagnostic properties at a range of cut-off scores between 8–11 (Manea, Gilbody, & McMillan, 2012). Studies on reliability and validity of the tool indicate it has sound psychometric properties, with high internal validity across two adult test populations demonstrating an average Cronbach's alpha of .88 (Kroenke, Spitzer, & Williams, 2001). Test-retest reliability was also excellent ($r = 0.84$). Additionally, the measure demonstrates good construct and criterion validity, with individuals scoring high (≥ 10) on the PHQ-9 being 7 to 13.6 times more likely to be diagnosed with depression by the mental health professional. Individuals who scored low (≤ 4) were less than 4% likely to having depression (Kroenke et al, 2001).

See Appendix D for this measure.

The COPE Inventory (Carver, Scheier, & Weintraub, 1989): The COPE Inventory is a multidimensional, 60-item self-report instrument designed to assess several conceptually different ways that individuals respond to distress. The instrument contains several scales that measure distinct categories of coping, such as problem-focused coping, emotion-focused coping, and dysfunctional or problematic coping. The developer of the measure has indicated that selected scales may be used in order to measure specific coping behaviors or skills, and has provided a scoring protocol for each scale (Carver, n.d.).

In order to assess the participants' adoption of Narrative Therapy practices used in the intervention, twelve items have been drawn from the COPE Inventory from the following scales: positive reinterpretation, acceptance, and seeking of emotional social support. Participants select responses on a 4-point Likert-type scale, from 1-"I haven't been doing this at all" to 4-"I've been doing this a lot". Scores are summed, with higher scores indicative of more frequent use of these coping strategies. The scales for positive reinterpretation ($\alpha=.72$), acceptance ($\alpha=.62$), and seeking emotional social support ($\alpha=.90$) have an average Cronbach's α of 0.75, indicating fair internal reliability (Cook & Heppner, 1997). Construct validity is high according to analyses of psychometric properties (Cooper, Katona & Livingston, 2008), and test-retest correlations at 6-weeks for the three subscales indicate moderate test-retest reliability: positive reinterpretation ($r=.63$), acceptance ($r=.61$), and seeking emotional social support ($r=.74$) (Carver et al., 1989).

See Appendix E for this measure.

Awareness of Narrative Identity Questionnaire (Hallford & Mellor, 2015): The current study involves the facilitation of narrative change in participants, particularly

around their narrative identity. Developed in 2015 by Hallford and Mellor, the Awareness of Narrative Identity Questionnaire (ANIQ) is a self-report measure designed to measure awareness of narrative identity and perceived coherence of autobiographical memories as reflected in chronological ordering of memories, causal associations, and recognition of unifying themes. Participants respond to statements based on a broad perception of self and use of personal memories, rather than relating responses to a specific memory, situation, or experience. Items in the questionnaire include, “My memories are like stories that help me understand my identity” and “When I recall events and experiences across my lifetime, I can see consistent patterns in the way that I think, feel, and act.” Participants are asked to indicate their level of agreement with items on an eleven-point scale ranging from 0 (completely disagree) to 10 (completely agree).

The ANIQ has a 20-item, four factor structure that was verified through the developers’ confirmatory factor analysis, and includes four subscales: awareness of narrative identity, temporal coherence, causal coherence, and thematic coherence of narrative identity. The authors defined awareness as the understanding that life experiences might be represented or conceptualized as a “story about the self” that helps to inform personal identity (Hallford & Mellor, 2015). This definition is in alignment with the current researcher’s use of the life story as both a conceptualization of identity and its role in depressive symptomatology (i.e., the life story theory of depression discussed earlier in this document). Additionally, the authors described thematic coherence as “the ability to draw out similarities between episodes in life, and identify overarching themes that act as integrated interpretations of these events or circumstances” (Hallford & Mellor, 2015), and this conceptualization maps on to the presents study’s goal of helping students make meaning of their life stories. Hallford and Mellor (2015) reported that criterion validity was established through association of the

dimensions of narrative coherence (temporal, causal, thematic) with qualitative measures of coherence in study participants. They also reported high test-retest reliability for the measure ($r = .72-.79$) and high internal reliabilities for the subscales ($\alpha=.86-.96$). The ANIQ thus appears to represent a valid and psychometrically means of measuring awareness of narrative identity and memory.

For the current study, the researcher examined the scores on the Awareness and the Thematic Coherence subscales. Items within each used subscale were summed, with a possible range of 0 to 50. Permission to use this measure was granted by the authors (D. Hallford, personal communication, January 26, 2018).

See Appendix F for this measure.

The Self-Reflection and Insight Scale (Grant, Franklin & Langford, 2002): The SRIS is a 20-item, self-report inventory that endeavors to measure readiness for behavioral change or personal growth based on level of self-reflection and insight (Roberts & Start, 2008). Together, self-reflection and insight are constructs defined as an internal state of awareness towards one's own thoughts, feelings, and behaviors (Grant et al., 2002), and studies have demonstrated an association between therapeutic outcomes and an individual's level of self-reflection and insight (e.g., Grant, 2001; Roberts & Start, 2008; Sauter et al., 2010). The instrument is composed of two subscales, with 12 items on Self-Reflection and 8 items addressing Insight. The Self-Reflection subscale (SRIS-SR) is composed of two domains of self-reflection, and assesses for awareness of the need for reflection and engagement in the process of reflection; the Insight subscale (SRIS-IS) assesses for the level of insight present (Carr & Johnson, 2013). Participants select responses on a 6-point Likert-type scale, from 1-"disagree strongly" to 6-"agree strongly". Grant et al. (2002) demonstrated the SRIS to be a valid and reliable measure of

self-reflection and insight in adults (Self-Reflection subscale Cronbach's $\alpha=.91$; Insight subscale Cronbach's $\alpha=.87$). Similarly, the test-retest reliability for the Self-Reflection and Insight subscales is acceptable, reported as .77 and .78 respectively (Grant et al., 2002).

See Appendix G for this measure.

The Perceived Stress Scale (Cohen & Williamson, 1988): The PSS-10 is a 10-item, self-report inventory designed to measure self-appraisals of personal stress levels (Cohen, Kamarck & Mermelstein, 1983). The PSS-10 was based on the transactional model of stress (Lazarus & Folkman, 1984), and the measure was developed to assess this construct in terms of how an individual appraises stressor severity and ability to cope (Shewchuk, Elliott, MacNair-Semands, & Harkins, 1999). It is one of the most commonly used measures of perceived stress in research studies (Taylor, 2015), particularly in research examining intervention efficacy for stress reduction (e.g., Holzel et al., 2010; Seskevich & Pieper, 2007). Though originally conceptualized as a unidimensional scale, the PSS-10 has a 2-factor structure which examines both perceived distress (6 negatively worded items) and perceived coping (4 positively worded items). Participants select responses on a 5-point Likert-type scale, from 0- “never” to 2- “sometimes” to 4 - “very often”, and scores are reversed on the four positively worded items. Higher scores are suggestive of higher levels of perceived stress and it is important to note that there are no set cut-off scores as the PSS-10 is not a diagnostic tool and is used primarily for comparisons across groups within a sample (Cohen & Janicki-Deverts, 2012). Some researchers have used the following interpretations for range of scores as a general categorization of perceived stress levels, however, clinical determinations should not be made for the reason addressed above: 0–13 is considered a low perceived stress

level, 14–26 is a moderate perceived stress level, and 27–40 is a high perceived stress level (Olpin and Hesson as cited in Dawson, Hamson-Utley, Hansen & Olpin, 2014).

The internal consistencies of the PSS-10 and the subscales are considered good, with a Cronbach's $\alpha > 0.70$ (Lee & Jeong, 2019). A review of several studies examining the test-retest reliability of the scale demonstrates good reliability, with PSS-10 meeting an average correlation coefficient greater than 0.70 in all studies (Lee, 2012). Additionally, the PSS-10 has demonstrated good validity and reliability with Cronbach's $\alpha = .84 \sim .86$, and has demonstrated strong correlations with anxiety, depression and life events suggesting good construct validity (Chiu et al., 2016).

See Appendix H for this measure.

Exit interview: After the conclusion of treatment, the researcher conducted a one-on-one follow-up with participants in order to learn more about their experiences with the treatment. The goal of the interview was to dive deeper into the students' experiences engaging with art objects and reconstructing their personal narratives, gleaning more information about the therapeutic qualities of this modality. A semi-structured interview format was followed, with several content-focused questions used to guide inquiry with each participant. A semi-structured interview format was selected because they are among the most widely used formats for qualitative research, and while they are composed of predetermined, open-ended questions, there is flexibility for additional questions to emerge over the course of the conversation between participant and researcher (Dicicco-Bloom & Crabtree, 2006). The interviews were audio recorded and transcribed for data analysis.

See Appendix I for the interview guide.

DATA ANALYSIS

Mixed-method, quasi-experimental designs using repeated measures are commonly used in group work research (Boyle et al., 2017). A similar design was used for the current pilot study, the primary objective of which is to test the ability to run a therapeutic group in the museum setting, while generating a broad inspection of the benefits of this treatment approach with members of the population of interest. To date, much of the research examining art-viewing as a therapeutic modality has been almost exclusively qualitative in nature (e.g., Bennington et al., 2016; Mosek & Gilboa, 2016). While qualitative studies generate rich information on the personal experiences of participants, the present pilot study seeks to also contribute to the literature on the potential effectiveness of this treatment approach by incorporating outcome measurements. A mixed-methods design proved ideal for answering the present study's research questions, as the data gathered reflects both these quantitative and qualitative inquiries (Mayoh & Onwuegbuzie, 2013). It is the researcher's hope the information gleaned from the present study can be used as a starting point for future larger scale, experimental studies that can speak to the generalizability of the efficacy of art-viewing interventions.

Preliminary Analyses

The initial analyses of quantitative data included calculations of descriptive statistics for demographic variables as well as means and standard deviations for the measures administered to study participants. Total sample size, number of groups, and the number of participants per group are reported below. Prior to hypothesis testing, data was analyzed using a repeated measures ANOVA to determine whether significant differences in outcome variables of interest are present between intervention groups.

Types of Analyses

Quantitative Analyses

Quantitative data was collected at three points in the study: during the group member recruitment process, immediately prior to the first session of the group intervention, and immediately following the conclusion of the final session.

The quantitative data was not analyzed prior to conducting exit interviews as the researcher did not wish this data to bias questions put forth in the interviews to corroborate quantitative findings. Paired sample t-tests were used to evaluate the statistical significance of differences between pre- and post-treatment responses to the measures corresponding to variables of interest. The precedent for using this statistical approach is found in similar studies that have examined the therapeutic effects of arts-based treatments and other therapies that involve comparisons of before-and-after observations (e.g., Allum, 2015; Gussak, 2007; Rietveld & van Hout, 2017; Shannonhouse et al., 2014).

For research question one, which investigates the primary outcome variable of interest (PHQ-9 scores indicating presence of depressive symptoms), the researcher followed Shadish, Cook, and Campbell's recommendation to add an additional pretest measurement to reduce threats of maturation and regression to the mean (2002). Because the PHQ-9 was included in the recruitment survey, students who participated in treatment actually provided two pre-treatment PHQ-9 scores. Depression has been selected as the primary outcome measure given that improvement in depressive symptomatology was the primary goal of this pilot intervention. The researcher conducted a paired sample t-test between the two pretreatment scores in order to determine if there is a significant difference that might indicate the presence of a confounding effect, such as natural

improvement—or worsening—of symptomatology over time. Research questions two through six were addressed using paired sample t-tests to evaluate the statistical significance of differences between pre- and post-treatment responses.

Qualitative Analyses

The study followed the previously discussed guidelines for meeting the minimum criteria associated with high quality interpretive phenomenological analysis (Smith, 2011). Given the sample size of $n = 15$ and prevalence of shared themes across participants, I elected to provide evidence drawn from a minimum of three participants, while presenting measures of prevalence to highlight frequency of identified themes and interpretations. This approach was consistent with best practices outlined by Smith (2011), where an acceptable “density of evidence” is demonstrated by extracting data from “at least three participants for each theme + measures of prevalence of themes” (p. 17). This has provided me with the ability to hone in on key, relevant themes for the sake of in-depth interpretation that extends beyond the superficial—a key aspect of quality IPA research. Where appropriate, I have included additional quotes or observations that provide particularly powerful or meaningful examples of key themes.

Analysis of data in IPA can be conceptualized as occurring in two phases. According to Finlay (2011), the first phase of analysis is focused on establishing a descriptive account of participants’ experiences as they view them. In the second phase of analysis, description is shifted to interpretation, as the meaning participants assign to their experience is explored (Miller et al., 2018). Finlay (2011) outlined several key steps for data analysis in IPA that were adhered to over the course of the current study. As outlined by Miller et al. (2018), these steps involve:

1. Reading and rereading the text of a case, or participant sample, with the goal of immersion within the data. An initial round of notation that explores emergent themes occurs at this stage.
2. Further development of these emergent themes, involving organization of sections of the transcript and initial analysis into thematic categories.
3. Connections are sought and highlighted across themes, emphasis on abstraction and integration of themes.
4. Proceed to the next case/transcript in the sample, noting appearances of earlier themes and being aware of the individuality present within each new case/transcript.
5. Identify patterns across cases/transcripts, highlighting patterns of shared higher order qualities and noting idiosyncratic instances.
6. Develop interpretations by deepening analysis through metaphors, theoretical lenses, and other enriching methods.

Smith (2011) observed several characteristics of “good” interpretive phenomenological analysis. First, the research must reflect the following minimum criteria which indicate integrity to the IPA method, the presence of sufficient data, and the likelihood of meaningful analysis:

1. The analysis method must subscribe to the guiding theoretical principles of IPA, and is phenomenological, hermeneutic and idiographic.
2. The methodological and analytical process is sufficiently transparent to provide readers with a clear understanding of what was done by the researcher.
3. The analysis is coherent, plausible and interesting.

4. There is sufficient sampling from participants to show density of evidence for each theme based on the following guidelines:
 - a. $N=1-3$: evidence for each theme is drawn from each participant;
 - b. $N=4-8$: evidence for each theme is drawn from at least three participants;
 - c. $N>8$: evidence for each theme is drawn from at least three participants AND provides a measure of the themes' prevalence;
OR evidence is drawn for each theme from half the sample.

As Hefferon and Gol-Rodriguez (2011) note, the emphasis in IPA research should be placed on quality of interpretation versus quantity, as a smaller number of themes better lend themselves to more thorough and synthesized analysis with higher levels of interpretation. In addition to meeting the above discussed minimum criteria, Smith (2011) determined that “good” interpretive phenomenological analysis meets the additional following criteria:

1. The paper or project is well focused, and offers in-depth analysis of a specific topic
2. The data and related interpretations are strong
3. Readers are engaged and enlightened by novel insights presented through the research.

This pilot study has attempted to meet the above discussed criteria in order to shed light on the individual experiences of students participating in a novel intervention for the promotion of mental wellbeing. The creative modality of this intervention itself—the use of engaging with artwork in museum spaces to facilitate the exploration and alteration of personal narratives—has been under-researched across populations in the community at large, and has not been used let alone studied in the context of college

mental health. To the best of my knowledge, there is no extant research exploring the experiences of individuals engaging in similar art and museum-based interventions that draws on interpretive phenomenological analysis to better understand the therapeutic potential of such modalities. As such, this study aspires to embody this ideal of good analysis in efforts to not only elucidate the healing potential of the piloted intervention, but to promote further inquiry of this currently under-used modality within the fields of counseling, psychology, and college mental health.

Following examples of extant mixed-methods research (e.g, Chan, 2018), I used reflexive journaling and frequently revisited my notes throughout the research process in order to deepen my reflections on positionality, and to also explore my emotional and intellectual reactions to my students' experiences. I took notes at each session over the course of the intervention (the data collection phase), and used journaling to document my observations and potential interpretations of students' experiences in the galleries. Given that one of the research goals of this project was to better elucidate the experiences of students, this involved more than just analyzing their reflective process. Indeed, documenting their experiences in vivo proved a valuable tool to understanding how they interacted with the artworks through a therapeutic process. Documenting artworks selected by each individual student and the rationale for their selections as well as interpretive experiences enabled the researcher to identify overlapping and diverging themes across participants.

The incorporation of this additional observational and journaled data reflects my desire to further deepen and validate the gleaned understanding of participants' experiences through triangulation of data sources. Triangulation involves the use of several qualitative data sources in order to further support a comprehensive understanding of a studied phenomenon (Carter et al., 2014), and can be used to support

the convergence of key themes associated with a participant's experience (Fusch, Fusch & Ness, 2018). For this study, I coded observations made for each participant, highlighting themes that emerged for the student as they participated in the intervention. Points of divergence included the type of artwork and/or content of the artwork (i.e., an abstract painting versus a figurative sculpture) selected by participants, however, points of convergence included the prevalence of shared interpretive themes (i.e., an object reflecting a vivid, personal memory, or an object reflecting an essence of self). These corroborative findings will be drawn upon further in the subsequent section on analyses.

Chapter 4: Results

Quantitative Results

The descriptive statistics for the variables of interest for this study are presented below. A total of 15 participants ($n=15$) completed the workshop and were included in the study. Students were sorted into treatment groups based on availability for scheduling. A total of four (4) treatment groups were run, with group membership ranging between 3 – 4 participants. All data, including qualitative data, was collected prior to analyses. Quantitative data was analyzed using JASP (JASP Team, 2019), an open-source statistical software based on the *R* programming language (Love et al., 2019). Results are presented below.

Descriptive statistics and demographics

The mean age of participants was 20.6 years of age ($SD = 1.45$), and all self-identified as undergraduate students. All of the participants were classified as full-time students (12+ credits) throughout their participation in the current study ($M=13.67$, $SD=1.79$). See Table 1.

Table 1

Descriptive Statistics for the study participants

	Minimum	Maximum	Mean	SD
Age (years)	18.0	23.0	20.6	1.45
Number of credit hours	12.0	17.0	13.67	1.79

Note. Total participants, $n=15$.

The majority of students identified their class status as Senior (46.67%), followed by Junior (26.67%), Sophomore (20.0%), and Freshman (6.67%). Participants endorsed a range of majors/areas of study, including Education, Engineering, and Public Health,

with the most frequently identified major being Psychology (n=4, 26.67% of sample). Participants also self-identified across a diverse range of racial/ethnic identities, including 20% as Asian/Asian American, 20% as Black/African American, 20% as Hispanic/Latinx, and 40% as White, non-Hispanic. All participants identified as cisgender, and the majority of participants identified as female (n=12, 80.0%). In terms of sexual identity, participants identified as heterosexual (66.67%), gay/lesbian (13.33%), and questioning (20.0%). See Table 2.

Table 2

Demographics for study participants

	n	%
Gender		
Female	12	80.0
Male	3	20.0
Class Status		
Senior	7	46.67
Junior	4	26.67
Sophomore	3	20.0
Freshman	1	6.67
Race/Ethnicity		
White	6	40.0
Black/African American	3	20.0
Asian/Asian American	3	20.0
Hispanic/LatinX	3	20.0
Sexual Identity		
Heterosexual	10	66.67
Questioning	3	20.0
Gay/Lesbian	2	13.33
Major/Area of study		
Psychology	4	26.67
Sociology	2	13.33
Education	2	13.33
Design	1	6.67
Economics	1	6.67
Health and Society	1	6.67
Health Promotion	1	6.67
Kinesiology	1	6.67
Petroleum Engineering	1	6.67
Public Health	1	6.67

Note. Total participants, n=15.

Internal validity

In order to help offset some of the disadvantages to internal validity posed by working with a small sample size, the researcher followed the recommendation made by Shadish, Cook, and Campbell (2002) to add an additional pretest measurement to reduce threats of maturation and regression to the mean. Because the PHQ-9 was included in the pre-screening survey, students who participated in the workshop provided two pretreatment PHQ-9 scores: pretest₁ (collected as part of the recruitment survey) and pretest₂ (collected immediately prior to starting participation in workshop). The pretest₁ PHQ-9 was completed by participants 2 – 3 weeks before they began attending workshop sessions, while the pretest₂ PHQ-9 was completed at the start of their first workshop session. The PHQ-9 is designed to assess for symptomology present over a two-week period, and research has demonstrated that this measure is sensitive to change in the presence of depressive symptoms over time (Cameron, Crawford, Lawton & Reid, 2008; Malpass, Shaw, Kessler & Sharp, 2010). Given the span of time between the administration of the two pretreatment PHQ-9 measures, changes in symptomatology for each participant were likely to be detected in a comparison between these two scores.

The mean PHQ-9 scores collected in the recruitment survey (pretest₁ score: $M=6.73$, $SD=1.97$) were compared with the mean PHQ-9 scores collected immediately prior to the first session of the workshop (pretest₂ score: $M=6.47$, $SD=2.36$). The time between administration of these two pretest measures was between 2 – 3 weeks for participants. A paired sample t-test was conducted between the two pretreatment scores in order to determine if there is a significant difference that might indicate the presence of a confounding effect, such as natural improvement—or worsening—of symptomatology over time for each participant (Table 3). The Shapiro-Wilk assumption check of normality was significant ($p=0.002$), suggesting that the pairwise differences between

participants are not normally distributed, and the assumption of normality is violated. The analysis was repeated using the non-parametric equivalent, Wilcoxon's signed rank test, which is recommended for non-normally distributed data and small sample sizes (Goss-Sampson, 2019). The Wilcoxon's signed rank test demonstrated no significant difference between pretest₁ score (Mdn = 6.00) compared to pre-therapy (Mdn=6.00) scores, $W=12.50$, $p=.203$.

Table 3

Paired Samples T-test - screener and pretest PHQ-9 scores

		W	p	Hodges-Lehmann Estimate	Rank-Biserial Correlation
Screener PHQ-9	- PHQ-9 PRE	12.500	0.203	1.000	0.667

Note. Wilcoxon signed-rank test.

In light of these results, and because the current study intervention is a brief course of treatment with four sessions taking place over three weeks, any changes between pre- and post-treatment scores can be viewed with more confidence that the reflect intervention effects.

Comparison between groups

Before proceeding with primary statistical analyses, comparisons were made between workshop groups to determine if there are significant differences between changes in outcome variables of interest. A total of four workshop groups were conducted, with participant numbers ranging from 3 – 4 per group. (See Table 4 for descriptive data involving the current study's primary variable of interest, depression scores as measured by the PHQ-9.) A series of ANOVA tests were used to determine whether or not significant differences in the study's primary outcome variables of interest

were present between intervention groups, which might suggest the presence of grouping effects between cohorts.

Table 4

Descriptives of PHQ-9 Posttreatment scores

Workshop Group	Mean	SD	N
Group1	3.000	3.464	3
Group2	4.250	1.893	4
Group3	2.500	0.577	4
Group4	3.500	1.291	4

Note. PHQ-9 scores range from 0-27. Interpretations for score ranges include 0 - 4, “mild to none” depression severity; 5 - 9, “mild” depression severity.

An ANOVA test was used to determine whether significant differences in the primary variable of interest (PHQ-9 posttreatment scores) are present between the four workshop groups. The Levene’s assumption check of normality was significant ($p=0.03$), suggesting that the between group scores are not normally distributed, and the assumption of normality is violated. The analysis was repeated using the non-parametric equivalent, the Kruskal-Wallis test, which is recommended for non-normally distributed data and small sample sizes (Goss-Sampson, 2019). No significant difference between group’s posttreatment scores were present, $H(3) = 3.16$, $p=0.37$. Pairwise comparisons between the four workshop groups showed no significant differences between them (all p -values >0.05).

See Table 5 for summary of results.

Table 5*Summary of Kruskal-Wallis test - PHQ-9 Posttreatment scores*

Factor	Statistic (<i>H</i>)	df	p
Groups	3.160	3	0.368

**p*-values >0.05

An ANOVA test was used to determine whether significant differences in a secondary variable of interest (PSS-10 posttreatment scores) are present between the four workshop groups. A summary of descriptive data is presented in Table 6.

Table 6*Descriptives of PSS-10 Posttreatment scores*

Workshop Groups	Mean	SD	N
Group1	17.000	3.464	3
Group2	12.000	3.162	4
Group3	16.000	4.082	4
Group4	14.750	3.304	4

Note. PSS-10 scores range from 10-40, interpretation of score ranges: 0–13, low perceived stress level; 14–26, moderate perceived stress level; 27–40, high perceived stress level.

The Levene's assumption check of normality was not significant ($p=0.97$), suggesting that the between group scores are normally distributed, and the assumption of normality is not violated. The independent one way ANOVA failed to show a significant difference between workshop groups ($F(3,11)=1.39$, $p=0.30$). Post hoc testing using Scheffe's correction revealed no significant differences between the groups, with all p -values >0.05.

See Table 7 for a summary of these results.

Table 7*Summary of ANOVA - PSS-10 Posttreatment Scores*

Cases	Homogeneity Correction	Sum of Squares	df	Mean Square	F	p
Groups	None	51.650	3.00	17.217	1.385	0.299
Residual	None	136.750	11.00	12.432		

Note. Type III Sum of Squares

An independent one-way ANOVA test was selected to determine whether significant differences in another secondary variable of interest, insight (as measured by SRIS-IS posttreatment scores), are present between the four workshop groups. A summary of descriptives for the SRIS-IS posttreatment scores is presented in Table 8.

Table 8*Descriptives of SRIS-IS Posttreatment scores*

Workshop group	Mean	SD	N
Group1	27.000	1.000	3
Group2	26.500	2.646	4
Group3	28.250	4.646	4
Group4	28.000	1.826	4

Note. PSS-10 scores range from 10-40. Interpretations for score ranges include 0 - 4, “mild to none” depression severity; 5 - 9, “mild” depression severity (Kroenke & Spitzer, 2002).

The Levene’s assumption check of normality was not significant ($p=0.83$), suggesting that the between group scores are normally distributed, and the assumption of normality is not violated. The independent one way ANOVA failed to show a significant difference between workshop groups ($F(3,11)=1.39$, $p=0.30$). Post hoc testing using Scheffe’s correction revealed no significant differences between groups, with all p -values >0.05 . See Table 9 for a summary of these results.

Table 9*Summary of ANOVA - SRIS-IS posttreatment scores*

Cases	Sum of Squares	df	Mean Square	F	p
group	7.983	3.000	2.661	0.299	0.825
Residual	97.750	11.000	8.886		

Note. Type III Sum of Squares

To further explore the possibility of any within-group differences, a one-way ANOVA was used to determine whether significant differences are present between workshop groups when comparing mean change in pre- and posttreatment PHQ-9 scores. A summary of these results is presented in Table 10.

Table 10*Summary of ANOVA – change pre/posttreatment PHQ-9 scores*

Cases	Sum of Squares	df	Mean Square	F	p
group	5.983	3.000	1.994	0.408	0.750
Residual	53.750	11.000	4.886		

Note. Type III Sum of Squares

The Levene's assumption check of normality was not significant ($p=0.21$), suggesting that the between group scores are normally distributed, and the assumption of normality is not violated. The independent one way ANOVA failed to show a significant difference between workshop groups ($F(3,11)=1.99$, $p=0.75$). See Table 11 for a summary of descriptive data.

Table 11*Descriptives of change in pre/posttreatment PHQ-9 scores*

Workshop groups	N	Mean	SD	Mdn	Min	Max	p
Group1	3	2.00	2.65	3.0	-1.0	4.0	0.750
Group2	4	3.00	2.71	4.0	-1.0	5.0	
Group3	4	3.75	2.36	3.0	2.0	7.0	
Group4	4	3.50	0.58	3.5	3.0	4.0	

Note. PHQ-9 scores range from 0-27. Interpretations for score ranges include 0 - 4, "mild to none" depression severity; 5 - 9, "mild" depression severity

With no between-group differences present to suggest that outcomes varied by groupings in the study, the researcher determined it is reasonable to run subsequent statistical analyses using the entire sample ($n=15$), and proceeded with the next stage of statistical analyses.

Primary Analyses

Research Question 1: To what extent does participation in the proposed museum-based, art-viewing intervention improve depressive symptoms in college students?

Analysis and Results 1. A paired samples t-test was conducted to determine whether significant differences in the primary variable of interest, PHQ-9 scores, are present between pre- and post-treatment. The Shapiro-Wilk assumption check of normality was significant ($p=0.05$), suggesting that the pairwise differences are not normally distributed, and the assumption of normality is violated.

The analysis was repeated using the non-parametric equivalent, Wilcoxon's signed-rank test, which is recommended for non-normally distributed data and small sample sizes (Goss-Sampson, 2019). A Wilcoxon's signed-rank test showed that the post-workshop depression scores ($Mdn=3.00$) were significantly reduced as compared to pre-workshop depression scores ($Mdn=6.00$), $W=117$, $p=.001$. The Hodges-Lehmann estimate ($Mdn=3.50$), is the median difference between the two groups. The rank-biserial correlation ($rB=0.95$) is considered as an effect size and is interpreted the same as Pearson's r , and 0.95 is considered to have a large effect size (Goss-Sampson, 2019).

See Table 12 for a summary of results.

Table 12*Paired Samples T-Test – PHQ-9 measure*

		W	p	Hodges-Lehmann Estimate	Rank-Biserial Correlation
PHQ-9 PRE	- PHQ-9 POST	117.0	1.00	3.500	0.950

Note. Wilcoxon signed-rank test.

Note. All tests, hypothesis is measurement one less than measurement two.

Research Question 2: To what extent does participation in the proposed intervention increase awareness of narrative identity?

Analysis and Results 2. A paired samples t-test was conducted to determine whether significant differences in awareness of narrative identity (ANIQ-A scores) are present when comparing pre- and post-treatment measures. The Shapiro-Wilk assumption check of normality was not significant ($p=0.26$), suggesting that the pairwise differences are normally distributed and the assumption of normality is met. On average, participants saw an increase of 2.47 points on the ANIQ-A measure ($SE=0.50$) after completing the workshop, indicating increased awareness of narrative identity. A paired samples t-test showed this increase to be significant [$t(14) = 4.97, p < .001$]. Effect size (ES) of the pre- and post-treatment changes this measure were calculated using Cohen's d equation and found to be 0.59. However, it is important to note that for small samples, Cohen's d is a positively biased estimator of ES and a correction was made based on the final sample size, which involved a 4% reduction in effect for sample sizes $n < 20$ (Durlak, 2009). The adjusted Cohen's d was calculated to be 0.56, which suggests a moderate effect size (Cohen, 1988), and surpasses the researcher's own adjusted effect size of 0.35 discussed earlier in this document. See Table 13 for a summary of these results.

Table 13*Paired Samples T-Test – ANIQ-A*

		t	df	p	Mean Δ	SE Δ	Cohen's d
PRE: ANIQ-A	- POST: ANIQ-A	-4.970	14	< .001	-2.467	0.496	-1.283

Note. Student's t-test.

Research Question 3: To what extent does participation in the proposed intervention improve thematic coherence of personal narratives?

Analysis and Results 3. A paired samples t-test was conducted to determine whether significant differences in awareness of narrative identity (ANIQ-TH scores) are present when comparing pre- and post-treatment measures. The Shapiro-Wilk assumption check of normality was not significant ($p=0.61$), suggesting that the pairwise differences are normally distributed and the assumption of normality is met. On average, participants saw an increase of 4.13 points on the ANIQ-TH measure ($SE=0.73$) after completing the workshop, indicating increased thematic coherence. A paired samples t-test showed this increase to be significant [$t(14) = 5.67$, $p < .001$]. Effect size (ES) of the pre- and post-treatment changes this measure were calculated using Cohen's d equation and found to be 0.89. However, it is important to note that for small samples, Cohen's d is a positively biased estimator of ES and a correction was made based on the final sample size, which involved a 4% reduction in effect for sample sizes $n < 20$ (Durlak, 2009). The adjusted Cohen's d was calculated to be 0.85, which suggests a large effect size (Cohen, 1988), and surpasses the researcher's own adjusted effect size of 0.35 discussed earlier in this document.

For a summary of the above results, see Table 14.

Table 14*Paired Samples T-Test – ANIQ-TH*

		t	df	p	Mean Δ	SE Δ	Cohen's d
PRE: ANIQ-TH	- POST: ANIQ-TH	-5.667	14	< .001	-4.133	0.729	-1.463

Note. Student's t-test.

Research Question 4: To what extent does participation in the intervention promote the adoption of the following skills for managing distress: a) reframing – trying to see things in a new light, b) acceptance – coming to terms with the reality of the situation, and c) seeking of social support (getting help from others)?

Analysis and Results 4. The extent that the previously mentioned skills were adopted by participants was assessed using the following selected subscales from the COPE-inventory: positive reinterpretation (COPE-Pos), acceptance (COPE-Acc), and seeking of emotional social support (COPE-Emo). Paired sample t-tests were conducted to determine whether significant differences in adopted coping skills are present when comparing pre- and post-treatment measures.

Analysis and Results 4a. The first paired sample t-test looked at the scores for the COPE-Pos subscale measuring positive reframing skills. On average, participants saw an increase of 2.2 points on the COPE-Pos measure ($SD=1.93$, $SE=0.50$) after completing the workshop, indicating a self-reported increase in adopting this coping skill. The Shapiro-Wilk assumption check of normality was significant ($p=0.01$), suggesting that the pairwise differences are not normally distributed, and the assumption of normality is violated. The analysis was repeated using the non-parametric equivalent, Wilcoxon's signed-rank test, which is recommended for non-normally distributed data and small sample sizes (Goss-Sampson, 2019). A Wilcoxon's signed-rank test showed that self-

reported, post-workshop coping skills in the area of positive reframing ($Mdn=15.00$) were significantly increased as compared to pre-workshop self-report ($Mdn=12.00$), $W=8$, $p=.005$. The Hodges–Lehmann estimate ($Mdn=2.50$), is the median difference between the two groups. The rank-biserial correlation ($rB=0.85$) is considered as an effect size and is interpreted the same as Pearson’s r , indicating a large effect size (Goss-Sampson, 2019).

See Table 15 for a summary of results.

Table 15

Paired Samples T-Test – COPE-Pos

		W	p	Hodges-Lehmann Estimate	Rank-Biserial Correlation
PRE: COPE- Pos	POST: COPE- Pos	8.000	0.005	-2.500	-0.848

Note. Wilcoxon signed-rank test.

Note. Scores on the COPE-Pos subscale range from 4-16.

Analysis and Results 4b. A paired sample t-test looked at the scores for the COPE-Acc subscale measuring acceptance of situations. The Shapiro-Wilk assumption check of normality was not significant ($p=0.07$), suggesting that the pairwise differences are normally distributed and the assumption of normality is met. At pretest, students reported a mean baseline score of 12.67 on this scale.

A summary of this descriptive data has been provided below in Table 16.

Table 16*Descriptives of COPE-Acceptance subscale*

	PRE: COPE-Acc	POST: COPE-Acc
Valid	15	15
Missing	0	0
Mean	12.667	13.400
Median	12.000	14.000
Std. Deviation	2.469	2.384
Minimum	8.000	9.000
Maximum	16.000	16.000

Note. Range of scores on the COPE-Acc subscale is 4-16 points.

On average, participants saw an increase of 0.733 points on the COPE-Acc measure ($SE=0.35$) after completing the workshop, indicating a self-reported increase in adopting this coping skill. A paired samples t-test showed this increase to not be significant [$t(14) = 2.13$, $p=0.052$]. Effect size (ES) of the pre- and post-treatment changes this measure were calculated using Cohen's d equation and found to be 0.35. However, it is important to note that for small samples, Cohen's d is a positively biased estimator of ES and a correction was made based on the final sample size, which involved a 4% reduction in effect for sample sizes $n < 20$ (Durlak, 2009). The adjusted Cohen's d was calculated to be 0.33, which suggests a small effect size (Cohen, 1988), and fails to surpass the researcher's own adjusted effect size of 0.35 discussed earlier in this document. See Table 17 for a summary of results.

Table 17*Paired Samples T-Test – COPE-Acceptance subscale*

		t	df	p	Mean Δ	SE Δ	Cohen's d
PRE-COPE-Acc	- POST-COPE-Acc	2.128	14	0.052	0.733	0.345	0.33

Note. Student's t-test.

Analysis and Results 4c. A paired sample t-test looked at the scores for the COPE-Emo subscale, which measures seeking of emotional social support. The Shapiro-Wilk assumption check of normality was not significant ($p=0.134$), suggesting that the pairwise differences are normally distributed and the assumption of normality is met. On average, participants saw an increase of 1.87 points on the COPE-Emotional Support (COPE-emo) measure ($SE=0.32$) after completing the workshop, indicating a self-reported increase in adopting this coping skill. A paired samples t-test showed this increase to be significant [$t(14)=5.80$, $p<0.001$]. Effect size (ES) of the pre- and post-treatment changes this measure were calculated using Cohen's d equation and found to be 0.63. However, it is important to note that for small samples, Cohen's d is a positively biased estimator of ES and a correction was made based on the final sample size, which involved a 4% reduction in effect for sample sizes $n<20$ (Durlak, 2009). The adjusted Cohen's d was calculated to be 0.60, which suggests a medium effect size (Cohen, 1988), and surpasses the researcher's own adjusted effect size of 0.35 discussed earlier in this document. See Table 18 for summary of results.

Table 18

Paired Samples T-Test – COPE-Emotional Support

		t	df	p	Mean Δ	SE Δ	Cohen's d
PRE: COPE-emo	- POST: COPE-emo	-5.802	14	< .001	-1.867	0.322	0.60

Note. Student's t-test.

Research Question 5: To what extent does participation in the proposed intervention increase a) self-reflection and b) insight?

Analysis and Results 5. The extent to which participants' self-reported levels of self-reflection and insight changed over the course of treatment was measured by responses on SRIS subscales for self-reflection (SRIS-SR) and insight (SRIS-IS).

Analysis and Results 5a. A paired sample t-test looked at the scores for the SRIS-SR subscale, which measures awareness of the need for, and engagement in, self-reflection. The Shapiro-Wilk assumption check of normality was not significant ($p=0.29$), suggesting that the pairwise differences are normally distributed and the assumption of normality is met. On average, participants saw an increase of 3.33 points on the SRIS-SR measure ($SE=0.85$) after completing the workshop, indicating a self-reported increase in awareness of and engagement in self-reflective behaviors. A paired samples t-test showed this increase to be significant [$t(14)=3.93$, $p=0.002$]. Effect size (ES) of the pre- and post-treatment changes this measure were calculated using Cohen's d equation and found to be 0.62. However, it is important to note that for small samples, Cohen's d is a positively biased estimator of ES and a correction was made based on the final sample size, which involved a 4% reduction in effect for sample sizes $n<20$ (Durlak, 2009). The adjusted Cohen's d was calculated to be 0.58, which suggests a medium effect size (Cohen, 1988), and surpasses the researcher's own adjusted effect size of 0.35 discussed earlier in this document. See Table 19 for summary of results.

Table 19

Paired Samples T-Test – SRIS-Self-Reflection

		t	df	p	Mean Δ	SE Δ	Cohen's d
PRE-SRIS-SR	POST-SRIS-SR	3.927	14	0.002	3.333	0.849	0.58

Note. Student's t-test.

Analysis and Results 5b. A paired sample t-test looked at the scores for the SRIS-IS subscale, which measures self-reported level of insight. The Shapiro-Wilk assumption check of normality was not significant ($p=0.99$), suggesting that the pairwise differences are normally distributed and the assumption of normality is met.

On average, participants saw an increase of 0.53 points on the SRIS-IS measure ($SE=0.65$) after completing the workshop, indicating a self-reported increase in level of insight. However, the paired samples t-test showed this increase to not be statistically significant [$t(14)=0.83$, $p=0.423$]. Effect size (ES) of the pre- and post-treatment changes this measure were calculated using Cohen's d equation and found to be 0.19. However, it is important to note that for small samples, Cohen's d is a positively biased estimator of ES and a correction was made based on the final sample size, which involved a 4% reduction in effect for sample sizes $n<20$ (Durlak, 2009). The adjusted Cohen's d was calculated to be 0.18, which suggests a small effect size (Cohen, 1988), and also fails to surpass the researcher's own adjusted effect size of 0.35 discussed earlier in this document.

See Table 20 for a summary of these results.

Table 20

Paired Samples T-Test – SRIS-Insight

		t	df	p	Mean Δ	SE Δ	Cohen's d
Pre-SRIS-IS	- Post-SRIS-SI	-0.825	14	0.423	-0.533	0.646	-0.19

Note. Student's t-test.

Research Question 6: To what extent does participation in the proposed intervention reduce perceived stress?

Analysis and Results 6. A paired samples t-test was conducted to determine whether significant differences in perceived level of stress are present between pre- and post-treatment measures on the PSS-10. On average, participants saw a decrease of 3.6 points on the SRIS-IS measure ($SD=3.20$, $SE=0.83$) after completing the workshop, indicating a self-reported decrease in perceived level of stress. The Shapiro-Wilk assumption check of normality was significant ($p=0.04$), suggesting that the pairwise differences are not normally distributed, and the assumption of normality is violated. The analysis was repeated using the non-parametric equivalent, Wilcoxon's signed-rank test, which is recommended for non-normally distributed data and small sample sizes (Goss-Sampson, 2019). A Wilcoxon's signed-rank test showed that the post-workshop perceived level of stress ($Mdn=15.00$) was significantly reduced as compared to pre-workshop depression scores ($Mdn=18.00$), $W=111$, $p=.004$. The Hodges-Lehmann estimate ($Mdn=4.00$), is the median difference between the two groups. The rank-biserial correlation ($rB=0.85$) is considered as an effect size and is interpreted the same as Pearson's r , and 0.85 is considered to have a large effect size (Goss-Sampson, 2019).

See Table 21 for summary of results.

Table 21

Summary of Paired Samples T-Test – PSS-10

	W	p	Hodges-Lehmann Estimate	Rank-Biserial Correlation
Pre-PSS-10 - Post-PSS-10	111.00	0.004	4.000	0.850

Note. Wilcoxon signed-rank test.

Qualitative Analyses

Qualitative data was collected in the form of field notes, post-session journaling by the researcher, and recorded interviews that were transcribed and coded for key themes which address the qualitative questions of the current study. Interpretive phenomenological analysis (IPA) was used to delve into the participants' lived experiences over the course of the intervention, with methodological emphasis placed on inferring the meaning-making individuals assigned to their experiences with the workshop (Smith, 2011).

I acknowledge that some specific details of participants' experiences or life-stories have been omitted, modified, or amalgamated with that of other participants. This was done in order to help protect the confidentiality and anonymity of participants, given that these biographical and personal details would likely have made participants at risk of being identifiable.

In omitting or amalgamating these details, however, I have kept true to the themes which collectively emerged from the sample of participants, thereby maintaining the integrity of the interpretive phenomenological approach. Additionally, pseudonyms have been used to further help protect the identity of study participants.

Table 22 presents a summary of pseudonyms and examples of participants' selected art objects.

Table 22*Participant pseudonyms and examples of selected art objects*

Pseudonym	General area of study	Example art objects selected by student
Ellie	Education	<i>La Puerto Del Sol</i> (Lewis, 1958)
Bria	Liberal Arts	<i>Untitled [Blue Neon Circle]</i> (Antonakos, 1974)
Fiona	Education	<i>Madam C. J. Walker</i> (Clark, 2008)
Gabby	Education	<i>Sprouting [Transmigration of the Soul]</i> (Kusama, 1987)
Devin	Liberal Arts	<i>Down for the Count</i> (Martin, 1936-1937)
Marcus	Liberal Arts	<i>El puente [The Bridge]</i> (Negret, 1972)
Ann	Education	<i>Horizontals Tiered</i> (Baer, 1966)
Troy	Education	<i>Cord Painting 14</i> (Bogat, 1977)
Laticia	Liberal Arts	<i>Fathom</i> (Olujimi, 2017)
Isaiah	Liberal Arts	<i>Cuauhtémoc</i> (Siqueiros, 1946)
Sara	STEM	<i>Dawn's Presence: Two Columns</i> (Nevelson, 1969-1975)
Emma	Liberal Arts	<i>Espacio horizontal limitado [Limited Horizontal Space]</i> (Rojas, 1970)
Ashley	STEM	<i>Ream</i> (Lozano, 1964)
Caroline	Liberal Arts	<i>Missão/Missões [Mission/Missions]</i> (<i>How to Build Cathedrals</i>) (Meireles, 1987)
Alice	Liberal Arts	<i>Patient</i> (Moore, 1997)

Note: The researcher has not associated specific majors or areas of study with pseudonyms as this may provide information with the potential to compromise the confidentiality of participants.

Research Question 7: How do participants experience engagement with art objects in relation to their personal explorations of life-stories, narrative identities, and mental wellness?

Analysis and Results 7. This research question sought to explore the personal connection and meaning-making students engaged with over the course of their participation in the workshop, serving to illuminate the therapeutic processes underscoring the use of engagement with art as a psychotherapeutic tool. Two dominant

themes emerged from the data: 1) Art-as-mirror, where engagement with art objects proved to be a powerful and evocative experience for students, enhancing personal exploration and deepening insight; and 2) Weaving narratives through art, where connecting with other group members through the shared experience of engagement with art objects facilitated the identification and co-construction of more complex personal narratives with greater opportunities for interpretation.

Theme 1: Art-as-Mirror

Reviewing the data gathered throughout the course of the study involved sifting through field notes that I took in session to document observations and student quotes, as well as the students' transcribed exit interviews. These field notes and exit interviews were coded for shared and divergent elements. Using interpretive phenomenological analysis allowed me to delve beyond the coding phase to formulate a sense of the meaning underneath each student's experience. From this approach, a strong theme emerged around how students experienced their engagement with art objects. Connecting with works of art as representations of memories, personal values, and aspects of individual identity, students experienced their engagement with artwork as a vehicle for cultivating personal insight and reflecting on parts of their life story. In other words, students experienced the artwork as a mirror through which to gaze and reflect upon aspects of their being. This theme of art-as-mirror embodies several important aspects of how students experienced the art as a therapeutic tool itself. These mirrors held the perceived personal narratives and sense-of-self for students to view and consider. As a mirror, art objects also responded to—and facilitated—changes in the interpretation of these personal reflections.

This theme of art-as-mirror emerged throughout the course of the workshop, captured in the process of how students both selected *and* used art objects in session to engage in intrapersonal exploration. Of the themes that surfaced from the data, this proved to be the most salient and meaningful for students, with all participants communicating a sense of having felt their engagement with art objects enabled them to recognize elements of themselves previously unnoticed or underexplored. The prompts provided by the researcher in each session invited students to consider the artworks in relation to aspects of their personal experience or worldview, while the wording remained open-ended enough to welcome individual interpretation of the images. Therefore, the art became personal mirrors upon which they could examine their past and present selves, while also allowing for shifts in their perceptions of the self to be recognized over time.

Several students spoke to this effect in their exit interviews. Reflecting on the use of art as a means of engaging in self-reflection, Laticia shared, “It was sort of, like, looking out on the inside, if that makes sense.” Similarly, another student, Alice, described the experience as follows: “[Using the art] helped put my own thoughts about issues I’ve had, or it helped me put stuff I’ve seen in my own self out there for myself and others to see, so I was better able to reflect on who I was, my story, and everything.”

Ultimately, students connected with the art objects they each selected, and they regarded these works of art as visual metaphors for aspects of their identity. Throughout the workshop, participants referenced these chosen objects when describing parts of their life-stories. They used these objects to help illustrate key details of their personal narratives, or as visual metaphors for interpretations they have made around important life events. For example, once students selected an object to serve as their self-portrait in the first session of the workshop, they would refer back to those objects in subsequent

sessions in order to help describe parts of their personal identity (i.e., personality trait, cultural identity, etc.) or life story when talking with group members.

Participants also connected with the art objects and visual metaphors identified by their fellow group members, at times referencing these artworks when processing their own and others' stories. For example, students shared observations about how a participant's selected object might also contribute to, or challenge, parts of a personal narrative or a visual metaphor discussed in a previous session. Students often noted any shared themes or similar material qualities such as color, shape, content, etc., of selected works between their objects and those selected by other group members, and they considered thematic or material differences as well. This ability to hold the self in an external plane for reflection and internal processing is one of the key therapeutic features of engagement with the arts, as discussed previously in this project's literature review. Throughout the workshop, engaging with art objects demonstrably provided participants with a more easily grasped—and used—means of externalization (White, 2007).

The selection of art objects proved to be a very individualized and intimate experience for participants. In the first session of the workshop, students were invited to identify with an object in the Contemporary art galleries that could serve as a self-portrait. The goals of this introductory session included viewing art together as a group, and served to socialize students to the practice of introspection through connection with art objects. By asking students to seek out their self-portrait in the galleries, this activity introduced participants to the process of self-reflection, helping them to identify and articulate core themes within their personal narratives. When given the prompt, students were encouraged to think broadly about how self-portraiture is conceptualized and to reflect on internal qualities such as personal values, personality, etc. This was done to help students think beyond finding a concrete visual representation of themselves, such as

trying to select a work with which they share a visual characteristic (i.e., picking an art object that's predominantly red or orange in color to represent red or light-color hair). Most students struggled with selecting just one object to embody their sense of self, which may represent a parallel process with how narrative identity itself is formed for emerging adults through a process of trying things out and adjusting or adapting as needed (McAdams, 2001). Through discussion and comparison between artworks, all students were eventually able to identify one primary object that embodied their self-portrait. This was usually decided by students as they individually selected an object that managed to capture a general, broad tone or feeling that was in alignment with their own self-appraisals.

A particularly strong example of this process was reflected in the experience of one participant, Laticia, as she selected *Painter and Loid Struggle for Soul Control* (Figure 2) to demonstrate both her sense of self as well as her difficulty in choosing just one work. Laticia shared that the large mixed-media work, with its tangle of hand-written text and abstract imagery, reflected her own sense of self as seen through the lens of her personal struggle with mental health concerns, including depression.

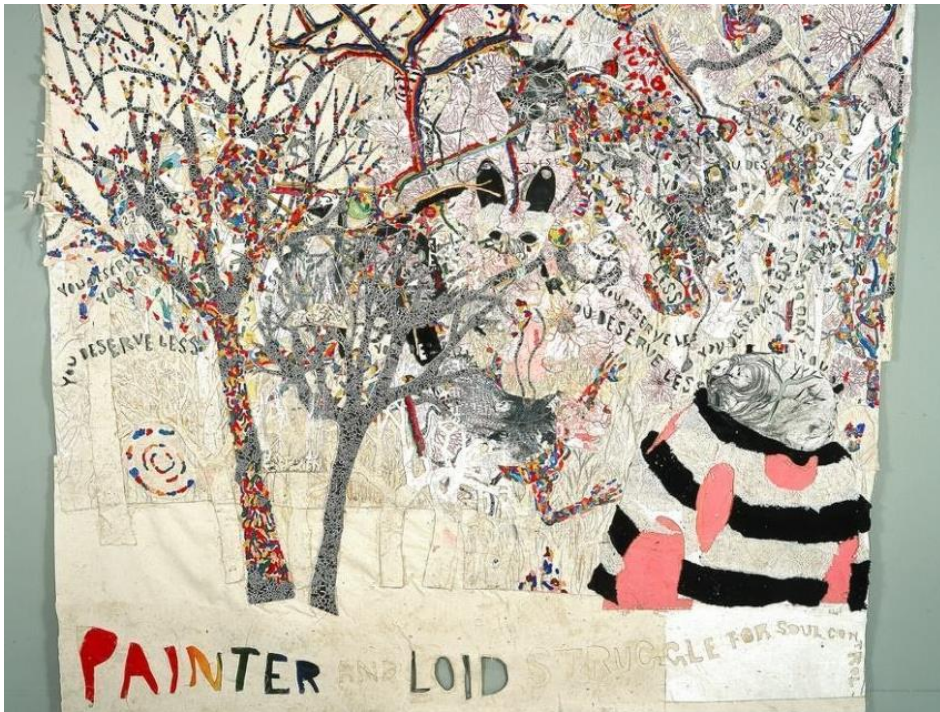


Figure 2. Trenton Doyle Hancock, *Painter and Loid Struggle for Soul Control* (2001).

Artwork is mixed media on canvas, 103in x 119 in. Blanton Museum of Art, The University of Texas at Austin, Partial and pledged gift of Jeanne and Michael Klein, 2001. Image courtesy of the Blanton Museum of Art. © Trenton Doyle Hancock; Courtesy of James Cohan, New York, NY.

“It’s usually hard for me to explain this, but I get stuck thinking about stuff and just feeling negative sometimes,” Laticia stated in session, referring to her tendencies towards rumination. “I like how this works as a [complete] picture, if you look at it from far away. But when you come up close, all those tiny words are running around, and they are actually what makes up the picture. That’s how I feel with my thoughts, underneath the surface.” In this example, the student connected her sense of self and personal identity to her experience of depression, signaling a negative personal narrative that portrays or characterizes the self as the problem (Guilfoyle, 2015). The art object enabled the student to more easily describe her experience, and identification of the negative personal

narrative would later enable her to externalize the problem, placing her depression outside of herself. She recounted this in her exit interview, describing her encounter with Hancock's painting as a "turning point" for her: "I always thought of [depression] as something inside of me that actually made me who I was, but looking at that painting put it in a different perspective. From far away, the areas of the painting that feel like [they visually represent] the depression are just small parts of the painting. But I'm just me, the whole picture, and that's a lot bigger."

While participating in the workshop, students connected with a range of objects to help describe their sense of self. These artworks were selected due to content and/or design elements that could be interpreted and shared with others in efforts to highlight key aspects of the self they wished to share. For example, students used design elements such as the quality of lines (i.e., jagged, curved, thick, or thin lines), vibrancy of colors, size, scale and more in order to serve as visual metaphors to help communicate their sense of self. One student, Bria, used this strategy to poignant effect when she selected as her self-portrait an object that is simultaneously sculpture and installation created by artist Stephen Antonakos (1974). For her, *Blue Neon Circle* (Figure 3), represented her appreciation for positive personal qualities as well as her struggles with perfectionism and impression management.



Figure 3. Stephen Antonakos, Untitled (Blue Neon Circle) (1974).

Artwork is neon tube (cobalt blue), 35in. Blanton Museum of Art, The University of Texas at Austin, Gift of Vera Simmons, 2000. Photo and artwork are copyright © Stephen Antonakos Studio, LLC.

In session, Bria said, “I love this sculpture so much because it’s like me, in the sense that I try to be outgoing and positive, and this art [object] is just like that. It’s eye catchy and happy-looking, with the bright neon blue inside [the tube], and the purple shadow around it.” She emphasized other important design qualities about the work, including its placement against the white gallery wall in the large, open space of the gallery and noted how this connected to her sense of being an individual, yet “part of something bigger” (Figure 4). Throughout the discussion, group members encouraged her interpretation with supportive comments that indicated understanding or agreement, and they joined in the appreciation for the object while connecting with her appreciation for design qualities that informed her positive interpretation.



Figure 4. Untitled (Blue Neon Circle) (Antonakos, 1974), installation view.

Artwork is part of the collection at the Blanton Museum of Art, UT Austin, TX (gift of Vera Simmons, Austin, TX, 2000) Photography: Charles Peveto, 2018. Photo courtesy of Stephen Antonakos Studio, LLC. This photo of the installed artwork enables the reader to appreciate the placement of artwork as it was viewed by students during the course of the workshop. No study participants are depicted in this image.

As the discussion around the object developed, Bria deepened her interpretation of the work to also include perceived flaws she frequently observed in herself. Furthermore, she explained how the artwork also embodies her concerns around how those flaws might be judged by others. “[*Blue Neon Circle*] also has that gap in the perfect circle,” she observed. “So, you know it’s not perfect, but you don’t even notice that at first.” She disclosed to the group that she felt others do not often notice, at first, the imperfections she perceives in herself, particularly her struggles with self-doubt or anxiety. Bria expressed having frequent worries around these flaws, linking them to the idea of imposter syndrome at one point in the discussion, and she considered how the

object might also parallel her lived experience: “If the rest of me is okay enough, maybe it doesn’t matter if they notice,” she stated. “But once you do notice them, it’s like the gap—it’s all you see.”

While this self-reflection alone could be considered a powerful interaction with the externalized self, the discussion was further enriched by an alternative interpretation of a fellow workshop participant, Gabby. Before the group moved on to the next object, Gabby shared her observation that *Blue Neon Circle*, as an art object, was all the more impressive for its ability to subsume the small gap. The student pointed out that “nothing is ever perfect” and that the object was all the more positive and powerful because it was “more interesting this way”, with the gap. Additionally, this group member shared that she believed this gap was actually necessary for the work itself to exist, pointing out that the tube of neon needed some way to connect to a power source.

This friendly, albeit direct and provocative, challenge to Bria’s negative self-identification with a perceived flaw highlights another fascinating dimension to the art-as-mirror theme: not everyone who stares into the looking glass sees exactly the same thing, or forms the same meaning. Over the course of the workshop, students connected with each other over their shared experiences in the galleries, and they drew parallels between one another and their responses to the artwork. As highlighted in the above example around Antonako’s sculpture/installation *Blue Neon Circle*, engagement with art objects resulted in a self-reflective relationship between the students and the artworks, empowering participants to challenge established ways of viewing the self. This was repeatedly observed throughout the workshop, as students worked together to not only understand and articulate aspects of their inner-selves, but to support and challenge each other in the process of increasing self-awareness and insight.

This particular dimension to the art-as-mirror theme is also beautifully embodied in what proved to be a lasting, moving encounter students experienced with Lee Lozano's painting, *Ream* (1964), which also occurred in the first session of the workshop (Figure 5). Searching for an object in the Blanton's Contemporary Art galleries that could serve as a self-portrait, one student, Ashley, found herself drawn to *Ream*. She selected the painting after reflecting on her own self-perception, and also the ways in which she believes others, particularly her academic peers, perceive her.

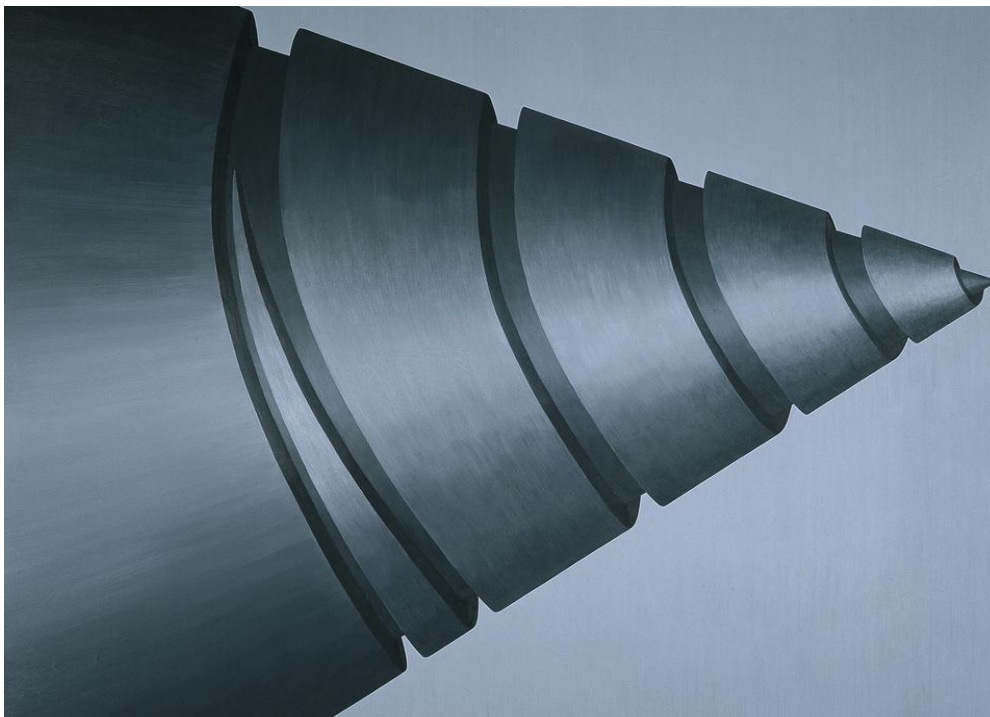


Figure 5. Lee Lozano, *Ream* (1964).

Artwork is oil on canvas, 78in x 96in. The Blanton Museum of Art, The University of Texas at Austin, Gift of Mari and James A. Michener, 1968. Photo courtesy of the Blanton Museum of Art. © The Estate of Lee Lozano. Courtesy Hauser & Wirth.

Ashley described the work as being a “perfect fit” for her, and she disclosed viewing herself as “cold” or “sharp”. The student further connected the artwork to other areas of personal identity, using the artwork as a visual embodiment of other domains of

being, including her selection of a STEM-related major. Over the course of the discussion, group members joined with her, and they examined the work closely. As a group, they began to highlight richer, deeper observations such as the changing texture of the paint, the direction or expressiveness of the brush strokes, and even the quality of the gray tones which suggested a richer scope of variation in color. As one of Ashley's groupmates pointed out to her, "But it's not just gray, is it? I mean, it's not really *just* black and white." Another participant shared with Ashley that the painting did not seem to reflect the qualities of personality and character that had so far surfaced in the group, stating, "I guess I don't see [Ashley] that way." For Ashley, their view of the image appeared to broaden over the course of the discussion, resulting in an acknowledgement that the work was perhaps not as simple or "rigid" as she had initially considered.

Reflecting on the conversation after the session, the researcher noted the exchange between students served as an exercise in reframing or challenging the perspective of the student who had selected the work as a self-portrait. Ashley's self-perception was not overtly challenged by the group in a negative, shaming way that might have drawn into question or directly invalidated her experience of self. Instead, the shared viewing experience allowed for a discussion of Ashley's interpretation, and whether or not that perspective was shared beyond her own consideration of the self.

The experience proved powerful and lasting to participants, with several group members referring back specifically to this encounter during their exit interviews. For these students, the encounter served as an example of how mapping a personal view of themselves on a work of art allowed for flexibility in constructing narratives of the self and allowing for shifts in personal perspective. As one participant, Emma, explained, "It was interesting to see how different people think about themselves. Like how [Ashley] thought the drill painting [*Ream*] was them, or their idea of themselves. It was so much

different than what I saw.” Another participant, Alice, also reflected on this group experience and shared the following in her exit interview:

[In] the first session...there were a couple paintings I connected with, like during the one exercise where we had to choose an artwork that reflects on you as a person. Seeing how other people shared their self-portraits and seeing how they saw themselves was really interesting, even though I kinda didn’t always pick up on what they were feeling immediately. I know some of the other [participants] were like, ‘I feel like I come off as sharp or cold’, but I didn’t see that [in them].

Not only did engagement with art objects enable students to contemplate and help reshape each other’s view of themselves, engaging with the artwork also provided students with more expansive, meaningful ways of understanding and describing their own sense of self. The following excerpt from Emma’s exit interview represents a strong example of how students’ self-understanding broadened through their workshop experience:

Emma: “For changing perspectives on how I saw myself...the pieces I chose [that were] based on the prompts or questions you gave us, gave me more words to describe myself. It helped with self-exploration, so I could move outside of the box I sometimes put myself in.”

Researcher: “[Connecting with the art] gave you another way of looking at yourself.”

Emma: “Yeah, definitely! And I liked that.”

This highlights another important dimension to the theme of art-as-mirror: reflections of the self were not static for students, shifting over time in response to the insight gained over the review of their personal narratives. This is at the crux of an important distinction in how students not only used the art objects, but the meaning they constructed about their experience. One student, Isaiah, captured the essence of this

dynamic, in-the-moment experience as he reflected on the workshop during his exit interview. He noted that learning more about participants through the use of art objects “felt like looking at snapshots—like scrolling through peoples’ Instagrams”. While a snapshot depicts a moment in time, it is a static encapsulation of an event, person, or thing with limited room to negotiate the wealth of possibility for interpretation. In contrast, students experienced art objects as channels through which reflections of the past and present self could shift over time, much in the same way that an actual mirror captures the change across time for the person repeatedly using the reflective surface. Even Isaiah’s reference to Instagram suggests an understanding of this dynamic process: as a social media platform based on sharing visual content, Instagram is constantly in flux, reflecting the changing tastes, values, and identities of those who engage on this platform (Zappavigna, 2016). Thus, for participants, this process of engaging with themselves, each other, and with the artwork proved dynamic and ever-evolving.

Students were attuned to this dynamic process, and they often recognized a shift in their self-understanding over time. Guided by the use of narrative theory and paralleling the concept of re-authoring negative personal narratives, viewing the self through art allowed for access to a range of alternate possibilities for participants. For participants, negative appraisals of the self were prevalent at the start of the workshop and then shifted over time. “Yeah, [I was] only seeing flaws first, and also just focusing on those flaws,” explained Alice during her exit interview. “Or even seeing that stuff as a flaw in the first place. I guess because people had different interpretations for the same, like, painting, or whatever object we were looking at, it helped me see that not everything is read the same way.”

This theme echoed across the in-gallery sessions, as students presented art objects as their self-portraits, frequently drawing on personal interpretation of the image to make

connections between aspects of their personal identity, such as personality, character, or state of being as opposed to making connections with social identities such as culture, ethnicity and race (Ellemers et al., 2002). With minimal prompting from me (often phrased as the question, “What’s coming up for others while looking at this work and talking about it?”), participants frequently asked clarifying questions of the student who presented the art as a self-portrait. Additionally, they often volunteered alternate interpretations of the work which would later prove to have lasting, generally positive effects on helping group members shift their self-perspectives.

Students appeared deeply connected with this process, and several shared in their exit interviews that engaging with art objects through reflection and discussion enabled them to open up to others in ways they would not have otherwise. A good example of this was shared by Alice, who disclosed having struggled with health concerns in both a physical and psychological sense. Selecting the painting, *Patient* (Moore, 1997) in response to a prompt in session three of the workshop, Alice explored an embodiment of her experience with a childhood illness, during which she was hospitalized on several occasions (Figure 6).



Figure 6. Frank C. Moore, Patient (1997-98).

Artwork is oil on canvas over wood panel, in artist's red pine frame, 49.5in x 65.5in x 3.5in. The Blanton Museum of Art, The University of Texas at Austin, Gift of the Gesso Foundation, 2018. Photo courtesy of the Blanton Museum of Art. © Frank C. Moore.

In session, Alice noted the painting had a “fairytale-like quality”, and she pointed out such seemingly disparate elements such as the bird, autumn leaves, pool of water, and “gently falling” snowflakes, as symbols of both “a sense of childhood” and a departure from reality that the student had longed for during those stays in the hospital. She spoke to how her “mental escape” from these childhood health circumstances often came through story-times with a parent or caregiver, and she shared that viewing this artwork helped her connect with this complex experience, which had been full of challenge as well love. Other elements in the work, such as the blood and transfusion equipment, reflected past experiences with depression, which she disclosed as having been “pretty

challenging” at several points in their life prior to entering university. Alice discussed how the experience of depression were linked to fantasies of escape, and she noted how much this had changed for her over time. Later, she reflected on this process during their exit interview, constructing deeper meaning around her personal narrative: “Getting connected with the art helped me get a better sense of where I’ve come from, like how the past is a part of me but doesn’t have to be viewed the same way always.”

Other objects that evoked especially moving discussions around viewing and reinterpreting the inner self included the painting, *La Puerta Del Sol* (Lewis, 1958; Figure 7). Selected as a self-portrait by Ellie, who disclosed having had prior mental health treatment for anxiety as an adolescent, this object embodied a state of emotional duality for her.



Figure 7. Norman Wilfred Lewis, *La Puerta Del Sol* (1958).

Artwork is oil on linen canvas, 51.25in x 63.75in. The Blanton Museum of Art, The University of Texas at Austin, Gift of the Longview Foundation, Inc., 1960. © Estate of Norman Lewis; Courtesy of Michael Rosenfeld Gallery LLC, New York, NY.

“The gold and the colors are just so vibrant and happy, and that’s sort of like the person I always try to be, my best self,” Ellie shared with the group. “But underneath, I know I’m not, and that’s the dark stuff [indicating areas in the painting] always trying to come through.” Group members validated her experience of the self, disclosing some of their own personal doubts in regards to their self-view in the process. The conversation appeared to flow easily, as students identified parts of the painting that captured ideas they wished to convey to one another. The artwork served as both a physical and visual metaphor for the aspects of the self to share and discuss, and engagement with the object appeared to foster a mutual appreciation for each other’s intrapsychic experience. Group members were simultaneously engaged with their sense of self and each other’s sense of self, connected through the artwork. In this space of inter and intrapersonal engagement, with the sense of self on view for all to hold, there was room for shifts in perspective. As one of Ellie’s peers in the group shared, “But, when I take a step back and look at the whole thing, [the painting] is so beautiful because it’s got the gold and the colors *and* the darker areas, I think.”

The discussion evoked by *La Puerto del Sol* resonated with group members long after the in-session activity, and beyond the conclusion of the workshop. Ellie later disclosed in her exit interview that she “really loved” the painting, and she had saved a photo of it on her phone that she had taken the day of the session. Reflecting on why that painting in particular has stayed with her after the workshop’s end, she stated, “It makes me feel good. Makes me appreciate that not everything has to be perfect to be, I don’t know, just right the way it is.”

Another group member, Fiona, also referenced Ellie's experience and *La Puerto del Sol* in her own exit interview, reflecting on the transformative power of shifting perspectives via engagement with art during the self-portrait exercise. Fiona described her experience through the lens of this painting, stating:

I've had some down moments in my life, and sometimes it feels like those dark spots under the surface [referring to *La Puerto del Sol*]. At least for me, so it clicked with me when [Ellie] shared that [artwork as her self-portrait]. But, you know, I thought it was a really beautiful painting, too. I thought it was such a great painting because we're like that also, as people. Like, we try to be perfect but we have some flaws and, even still, we're beautiful. At least that's what I remember thinking that day as we were talking about the work.

For workshop participants, all of whom engaged with art objects as mirrors for deeper introspection, the process invited new considerations of the self in non-threatening ways that maintained respect for individual experiences and identities. This theme surfaced throughout participants' exit interviews, and the following quote from Sara stands out as an example of this experience: "[Throughout the workshop] people maybe had different ideas or understandings of the art, but I never felt, like, people weren't listening to me or my story. The art helped make it easier for me to open up about stuff at my own pace, and I think it made it easier for others to see or get me." Similarly, Alice also spoke to this effect in her exit interview, and she described engaging with art objects as a helpful tool for assembling a more cohesive understanding of her sense of self: "Using the art helped me [say out loud my] own thoughts about issues I've had, or stuff I've seen in my own self...so I was better able to reflect on who I was, and my story and everything." Alice's powerful observation segues into the next salient theme to emerge from the data: engaging with art to construct a richer understanding of personal narratives.

Theme 2: Weaving narratives through art

While the artwork served as a mirror for participants to reflect on, and shift, their perceptions around personal identity, another theme surfaced from their gallery experiences: the ability to deepen understanding of personal narratives. Sara described this experience as “weaving threads together” in terms of understanding significant memories and the role they play in establishing a personal life story. A quote from Alice serves as a powerful example of how students experienced this phenomenon, in which she states, “[Connecting with the art] showed me that different parts of your personality, or life, that seem like they don’t go together at first, do fit in the ways that they’re supposed to.”

The process of weaving together an interpretation of personal narrative began with prompts in sessions two, three and four. In session two, participants identified art objects to embody important memories informing their sense of self. In session three, participants were asked to find art objects that could represent important memories of past challenges and the resolution(s) of those challenges. Finally, in session four, students selected artworks to symbolize important personal values, and they were invited to reflect on how those values could then be connected to their new or changing personal narratives.

The prompt in session two yielded rich discussion between group members and the facilitator, with participants selecting objects with which they could identify, describe and process important key events in their past that continue to influence their sense of being. For several students, this involved selecting works which evoked memories of experiences with loved ones, including parents or grandparents, who had set them on course for their current selection of major or area of study. For example, Devin selected a

painting by Fletcher Martin (1936-1937) entitled *Down for the Count*¹, which depicts an African American male wearing boxing gloves as he appears to rise from a surface that is reminiscent of a mat within a boxing ring. Standing in the background is his opponent, a Caucasian male also with boxing gloves.

Reflecting on the image, Devin shared that this work connected deeply with parts of her personal and racial identity as a member of the African American community. She explained that the painting embodied several memories from her childhood and adolescence featuring her grandmother. “My grandma would tell me I was strong and that I could dream big,” Devin shared with the group. “And [that I should] never give up on those dreams.” These memories were pleasant and inspiring for the student, and she also disclosed in session that thinking back on those memories helped her cope with the “Senioritis” she had been experiencing with the end of their undergraduate studies on the horizon. In session four, when asked to find works that embody personal values, Devin returned to *Down for the Count*, and interpreted the image as being reflective of personal values such as “always rising up to challenges” and “never quitting”. In her discussion with group members, she also came to realize that the seeds of these personal values were planted by her grandmother and other key figures in her life, and she wove together threads of meaning between her initial use of the object as a reflection of memory, to her current use of the object as an embodiment of personal values. “I wouldn’t be who I am now and where I am now, without those values and the people who helped shape me,” she explained.

Over the course of the workshop sessions, I observed other students also draw connections between images and personal narratives shared in past sessions to present

¹ Images of artworks are not presented in the current document if permission was not received from copyright holders. The artwork may be viewed here: <http://utw10658.utweb.utexas.edu/items/show/2726>

encounters, oftentimes attempting to make sense of how the images might be related. Another key example of this theme can be found in Laticia’s experience of the workshop. In session two, she selected an installation by artist Kambui Olujimi, *Fathom* (2017), which featured glass and metal chandeliers stacked on wooden shipping pallets that were subsequently placed on large, black innertubes (Figure 8).



Figure 8. Kambui Olujimi, *Fathom* (2017).

Artwork installation with six chandeliers, rubber inner tubes, and wooden pallets, dimensions variable. Image courtesy of the artist. © Kambui Olujimi

Laticia described having great appreciation for the imperfect elements of the work, noting that some of the chandeliers had broken pieces or some were lit up and others not². She explained that this work reminded her of the “rough times” she and her

² The researcher acknowledges that the installation does not, in fact, have broken lights or damaged elements. However, Laticia’s interpretation of the work—seeing parts of it as damaged or not working—in itself is a reflection of the personal narrative she has created to make meaning of her life events.

family had gone through many years ago. Laticia shared that her mother had “always tried her best as a single mom”, and she spoke to the various financial and personal challenges they faced, as well as their resilience and perseverance. She highlighted the innertubes in the installation as being symbolic of her and her mother having managed to “stay floating and keep moving” in the uncertain waters of life. She used this element of the installation as a metaphor for this aspect of her life story, stating, “Even if things were tough, we had each other on this life raft.”

Laticia’s exploration of memory and meaning-making continued in session three, when she selected a large mixed-media collage by Luis Felipe Noé, *Cerrado por brujería* [*Closed for Witchcraft*] (1963)³. This work contained several panels of individual faces, depicted in loose, abstract brushstrokes that reduced individualized features to suggestive sweeps of color and contrast. Laticia explained that work represented not one, but several, important memories from her high school years and the stressors she had faced, all of which had proved formative to her development as an individual. For this student, the faces in the painting reflected teachers who supported passions for theater or writing, friends who had nurtured personal growth, and also peers who, through conflict, helped her to “see the kind of person I *didn’t* want to be.” Laticia further connected this painting to the object she had selected in session two, noting that, “Looking at [*Cerrado por brujería*] and connecting it to the one I picked last week [*Fathom* (Olujimi, 2017)], I’m seeing this idea of growing from challenges, seeing things through tough times, as a big theme in my life. It’s part of the story of who I am.”

For others, art served to facilitate the weaving of personal narratives by providing new or different ways to communicate about their increasing self-awareness and

³ <http://utw10658.utweb.utexas.edu/items/show/2700>

understanding. Alice spoke to this phenomenon with great effect, noting that, “You know, it’s like that cliché, ‘art says a thousand words’? [Looking at] the art helped me find some more of those words for myself.” In this sense, the art not only welcomed self-exploration and openness, but encouraged students to understand themselves in different ways. “Interpreting the art together helped me see how you can tell a different story,” explained another participant, Caroline. “It helped me see [those possibilities] within myself.” Emma also echoed these sentiments in her exit interview, sharing that, “[Using the art] made me think about myself and my life story...it helped me see things in a different way, like what was really important to me and the people in my life.”

For many participants, this growing awareness of broader life themes helped solidify elements of personal identity within their broader life narrative. For example, Laticia observed that the workshop helped her to discover patterns she has used overcoming challenges throughout her life, which has in turn enabled her to view the lead character in her life story—herself—as a “heroine”. She further went on to describe herself as being “more resilient than I thought.”

This experience of the art as a vehicle for weaving together important threads of personal narrative maps onto the thematic domain of narrative cohesion as defined by Reese et al. (2011). In this dimension of cohesion, the processes of meaning-making within personal narratives is framed by the development of broader, “big picture” understanding of life events. Hallford and Mellor (2017) similarly emphasized the importance of thematic coherence in an individual’s ability to develop a core understanding of their life story, and participants in the workshop experienced their engagement with the art objects as a means of establishing some aspect of broader, theme-based understandings of the self.

Research Question 8: How do participants experience the various components of the intervention, including the group experience itself, their interactions with co-members, the museum setting, the group facilitator, the narrative-based exercises, and their engagement with art?

Analysis and Results 8. This research question sought to explore the more mechanical, or core processes, of the intervention and how students responded to these components. With this question, the researcher aimed to better understand how the workshop functioned to supporting student's wellbeing, and explore whether or not the workshop, intervention strategies, and the museum setting connected with students in order to be a viable form of mental health and wellness promotion for future cohorts. Several key themes emerged from the data to help illuminate the following: motivations for engagement/participation in the workshop, ways in which students found the intervention personally relevant, and skills developed in the workshop that students identified as helpful.

Theme 3: Engagement in the workshop

The workshop attracted individuals who identified with the arts in some way, or who were at least curious about creative expression. All of the participants already had some form of prior experience visiting an art museum, if not at the Blanton Museum of Art specifically, then at other museums such as the Houston Museum of Fine Arts. However, participants acknowledged that the focus of the workshop was very different from previous museum encounters. "Yeah, I guess I've only gone to the art museum [the Blanton Museum of Art] for class maybe once, and that was for a Spanish class, so it was definitely more about the aesthetics of stuff," disclosed Emma in her exit interview.

“Looking at the art wasn’t about me [during that class visit]. It was more about the aesthetics of the art.”

In the pre-group interviews, students noted being specifically attracted to the workshop because of its setting in the art museum. As Isaiah explained during his initial screening, “I love art and museums and probably wouldn’t be signing up for this workshop if it was just, I don’t know, in a classroom or at the counseling center.” Another example of this theme is highlighted in Caroline’s pre-group interview, in which she disclosed being especially drawn to the workshop due to its setting in the museum. “I think it’s such a cool idea to do something with therapy and art,” she shared. “I really like museums but I never take time to go or do other fun things for myself since I’m always so busy with classes.” These themes of excitement and anticipation for the experience surfaced with all participants during their initial pre-group meetings. Students stated that they entered the workshop with few expectations or assumptions of what the experience would entail, beyond the opportunity to engage in an experience they all looked forward to. Some of the words that most frequently surfaced in the pre-group interviews as students described their expectations included anticipating the workshop to be “interesting”, “different” (i.e., innovative or novel), and “fun” (i.e., enjoyable). Many students noted the experience might also complement their general interest in, or appreciation for, art.

Following the conclusion of the workshop, the importance of the museum setting continued to resonate with participants. As they reflected on their experiences, all of the students credited their ability to complete the workshop to their appreciation not only for the content and skills learned in the workshop, but also for the museum setting. Emma highlights this theme in her exit interview, stating “I think being in the museum had a lot to do with [joining and completing the workshop], because if [the workshop] was at the

counseling center, there wouldn't have been much of a point for me....I think if it was at the counseling center, it would not have been as interesting as it was in the art museum."

This idea of the museum being a preferred setting over other, more clinical venues surfaced in fourteen of the participants' exit interviews. Sharing her experience with the researcher, Ellie provided a powerful example of how the setting positively impacted students as compared to traditional therapy spaces:

Oh, yeah, that was really different for me. I've been to counseling before, and it was good, but also kinda strange. Sitting alone in a room with just one other person, a stranger, it's kind of cold. Well, the therapist was fine, but you know what I mean? This [setting the workshop in the museum] felt more real, like less artificial... it felt more warm, more easy to connect with myself and stuff.

This theme was echoed across other participant responses, and interestingly enough, was often paired with minimal concern over the public nature of the workshop. At the start of the project, I had anticipated that students may self-censor or limit self-disclosure due to the public setting, however, none of the participants expressed concern over this aspect of the setting. "You were good about explaining everything beforehand and that helped," Sara stated in her exit interview. "I really didn't worry about sharing in public." She and other students further credited the informed consent prior to participation as key in developing trust in the process, which helped assuage fears around confidentiality in the gallery space.

Another key source of motivation for students to engage in the workshop was their curiosity for themselves and the experience. One participant, Ann, spoke to this with great effect while reflecting on her decision to join and complete the workshop: "I really was curious about the whole experience, like, getting to learn more about myself and seeing things through the art. I'd never done anything like this before, and I wanted to check it out." This spirit of inquisitiveness proved to be a salient personal quality for

students, which is unsurprising given that curiosity is often a hallmark of this population (Komarraju, Karau, & Schmeck, 2009; Lingo & Tepper, 2010). Related to this sense of curiosity, students expressed appreciation for the novelty of the experience, for the potential to see and relate to the world in new ways. The following excerpt from a transcribed interview captures this theme:

Emma: That's part of why I wanted to do the workshop, because it was different. I've always enjoyed that kind of analysis, the self-exploration stuff, but I haven't really had the chance to do that anywhere else.

Researcher: [The workshop] wasn't what you initially were anticipating [more focused on aesthetics], but you realized it was an opportunity to dive into your own stuff.

Emma: Yeah, that was super interesting. I was able to really explore that stuff, without it just going around and around in my head. I ended up thinking about myself in different ways.

As the above excerpt highlights, engagement with art objects in a therapeutic process worked directly in concert with participants' curiosity and drive for self-understanding. The act of meaning-making through analysis of artworks in relation to the inner self provided students with ways to directly challenge their internal status quo. Another powerful quote further highlights this lived experience for students in the galleries: "I had the chance to just be curious, and learn more about myself in a really different way that made it okay for me to change or rethink parts of myself or [my] past," reported Marcus in his exit interview. "It was okay for me to not have all the answers...I could just explore and try to understand." Here, the student connects with a desire for growth and appreciation for knowledge, turning the exploration inwards in new ways.

Ultimately, the process of engagement occurred at numerous levels: through the act of viewing art, of viewing the self, and forming meaning around the connection made between object and self in the process of active discussion and reflection. As traditionally

aged college and university students, equally thirsty for knowledge of the world and understanding of their place within it, participants deeply connected with this aspect of the workshop.

Personal relevance for participants

The workshop proved to be personally relevant to participants in both a group and individual context. Discussing their experiences after completing the intervention, students often highlighted the group nature as being helpful for supporting personal exploration through supportive and affirming dialogs, as well as engaging in shared experiences in the galleries. The small sizes of the workshop groups (three to four participants per group) were also an important factor for participants, as they endorsed feeling more comfortable in smaller groups since this allowed for a sense of safety in self-disclosure, while still finding support in the presence of other members. “I liked that it was a group, and that I got a chance to learn from other people,” explained Ann. “I was nervous at first, but once we got to know each other a little bit in that first session, I felt it would be okay to speak up and share.” This sense of safety and connection with group members also helped serve the overarching goals of the workshop, as students leaned on each other for support while interpreting and synthesizing selected art objects. Reflecting on their experiences viewing art in the galleries during the workshop, Emma highlighted this theme. “I would start talking and then I would realize ‘yeah that [art object] speaks to me’, she explained in her exit interview. “But talking with the others and I would realize, ‘oh, that REALLY speaks to me. I got to realize how the art really spoke about me, you know, and it wasn’t until we were sharing that with others that I realized how these parts of my life fit together.”

While the group modality supported the process behind the intervention for most participants, the workshop ultimately remained a deeply personal experience for each individual student. Gabby, who was frequently more quiet than other participants during group exercises, confirmed her experience of the workshop as primarily individual in nature. “It was fine being in a group because I could listen to others, but you know I didn’t like speaking up too much,” she laughed while reflecting on her experience in the galleries. “I still think I learned a lot about who I am and how I understand my life story, so that really stands out for me.” This theme of engaging in the personal through the group experience was a thread of meaning woven throughout most of the participants’ reflections of the workshop. Alice explained that the workshop enabled her to “look at the art pieces in a personal sense” where she was able to engage with the art as a tool for self-exploration. “I would look at the art in a ‘what does this say to me, about me’ kind of way,” said Alice.

Participants echoed this sentiment throughout the workshop, and the theme resurfaced in exit interviews. Art, at least in museum spaces, had never held such a deeply personal quality for students before the workshop, moving beyond their sense of aesthetical taste or evaluations. An example of this theme emerged from Isaiah’s reflection on his experience. “I thought there were different types of art I hated, like abstract art, but this wasn’t really about the art,” said Isaiah. “It was about me. And the questions [the facilitator] asked helped me explore [me].” Other students also credited the facilitation or the questions for guiding their self-exploration, highlighting the power of discussion and the nature of the therapeutic process itself. Describing the workshop and the role of the facilitator, Alice disclosed, “It really helped me talk about the hard things I’ve gone through in a safe space...[I] don’t really verbalize a lot of these things. Being

in an environment, a situation, where we were encouraged to talk about certain things kinda helped put together or figure out parts of my story.”

Another important theme that surfaced for participants in terms of what they found relevant was the calming, relaxing nature of the museum setting. Students reported positive attitudes towards the space, frequently noting that the environment contributed to an almost meditative process. Laticia provided a powerful example of how participants connected with the space in her exit interview. “It was such a nice space and relaxing,” she shared. “I really did enjoy just taking some time for myself each week to just focus on the art and not worry about stuff. When we talked about the art together, I always felt in the moment and not worried about class or anything. I felt good.”

This spirit of calm and connection to the present moment resonated with most group members, and several participants noted specific exercises or experiences in the galleries which helped ground them in the here and now. The exercises involving slow looking, for example, were frequently cited by students as opportunities to deepen their connection to their internal experiences as well. Troy, for example, stated that careful looking got them to “slow down and pay attention to myself too, not just the art.” The researcher’s findings here replicated key findings in other similar studies with non-college student populations, where gallery spaces and the art objects they contain allow individuals to take a reflective pause from the often hectic pace of contemporary life, inviting engagement with the present and the personal (Bennington et al., 2016; de Botton & Armstrong, 2013).

Theme 4: Skills developed by participants

Analysis of the qualitative data revealed several themes around the skills embraced by the workshop participants. Overall, the narrative therapy-based exercises

were well-received, particularly the idea of reframing. Participants almost unanimously nominated this skill as perhaps the most important take-away from their experience in the workshop, growing in their cognitive abilities to find new, more positive interpretations of past and present life events. They credited the shared experience of viewing art as a group as the reason why this skill became so well adopted. For example, Ashley highlighted this theme as she discussed the importance of interacting with others in terms of building positive reframing skills over the course of the workshop: “It was interesting that others saw good things in [the objects I chose], which helped me to also see good aspects or qualities.” Another salient example of this theme emerged in Marcus’s exit interview, where he also spoke to the positive impact of sharing the experience with others in the group. “It was helpful meeting with people each week,” he explained. “Hearing people have different ideas was cool too. Their interpretations or ways of seeing things helped me think about other ways to see or understand things.”

Interpreting this learned ability to reframe negative interpretations more deeply, a key phenomenon of the workshop experience is revealed. As discussed earlier, students frequently connected with art objects as mirrors reflecting their internal experience. As all of the participants entered the experience with some form of negative self-perception, it is unsurprising that these mirrors reflected some internal aspects students initially perceived as flaws or shortcomings. The initial tendency to focus on negative self-evaluation and interpretations is unsurprising, given that negative personal narratives and self-perceptions perpetuate depressive symptomatology (Santa Rita, 1998). Additionally, if physical mirrors often become vehicles for individuals to assess negative aesthetical qualities in body image (Griffen, Naumann, & Hildebrandt, 2018), the current study revealed a fascinating parallel in the early, more imperfection-centered reflections of the internal self that students identified with. This theme has been prevalent throughout the

data presented in this chapter, as seen in how Bria used her engagement with Antonako's *Blue Neon Circle* as a reflection of her concerns around personal imperfections and impression management, or how Ashley initially identified with the more rigid, cool qualities in Lozano's *Ream*.

However, students developed alternate interpretations of these objects and of themselves through the shared experience of viewing the works in a group, where their initial readings were challenged in supportive ways. The benefit of having a group to support individuals in building helpful coping skills such as reframing was readily apparent to participants, this shared process also speaks to the power of co-construction of meaning. Long valued in the realm of learning theory, social construction in learning and meaning-making posits that humans form their understanding of the self and their environment through social interaction (Hull & Saxon, 2009). This ability to learn through shared experiences extends to the realm of personal narratives, where research has demonstrated the formation of cultural and social identities in young adults can emerge through co-authorship of life stories in classroom settings (Masterson, 2018). In the Healing Space workshop, students essentially collaborated with each other in a similar process of co-authorship, using art objects and discussion as tools to construct meaningful, more complex personal narratives which expanded on the initial meaning-making individuals formed around life experiences.

Another skill that workshop participants found valuable, both within the context of the group experience and beyond, was the cultivation of slow looking as an observation skill. For example, Ann shared in her exit interview that, "Learning to look carefully really helped me. It was weird, but slowing down, I guess, to really take time to notice things, helped me to notice the details in me and my thoughts of how I think about myself." Students engaged willingly and eagerly with opportunities to examine art

objects carefully, often discovering new details that had escaped initial notice. Participants were encouraged throughout the workshop to engage in slow-looking exercises, particularly in sessions one and two, which included shared-looking experiences based on strategies such as “Color, Shape, Line” and “Looking 10x2” (Tishman, 2018, p. 9-16). The researcher used Color, Shape, Line to invite participants in taking turns to describe aesthetic qualities about an image (i.e., “I see a blue sky” or “I see a round shape”). Meanwhile, Looking 10x2 asked participants take turns making observations of details in the art object until a list of ten, non-repeating observations were made; after brief processing of the list, another round of ten observations followed. Participants often recognized these activities as a means to begin the process of engagement with art objects, making exclamations of surprise if a new detail was shared by other group members (i.e., “I didn’t see that [detail] before”, or “Oh, wow, how did I miss that?”). In the second session, for example, Sara shared her appreciation for the activities that served as “warm-ups for our eyes” and helped her draw out visual evidence to support her connection with objects throughout the workshop. She noted that in the weeks after finishing the workshop, she still “looks twice” at everyday objects for overlooked or underappreciated details.

The researcher observed this process across all participants, especially in session two, where the same object, *Border Crossing* (Jiménez, 1987), was used across workshop groups in an exercise to build both close-looking and interpretive skills (Figure 9). As students engaged with the large sculptural work, they highlighted dozens of details and important elements which contributed to various interpretations of the work: the smoothness of the sculpture’s materials, the vibrancy of the colors, the details in the people’s clothing, the presence of the small infant in the woman’s arms, and dozens more. One student disclosed that while he had seen the sculpture before on a previous

visit to the museum, new details and meanings had been revealed to him. “I thought I knew [*Border Crossing*] so well,” Isaiah explained. “But it was full of surprises today.” He later referred to this activity while reflecting on his experience in the galleries. “That’s one thing I really got out of [the workshop], I learned to take a minute to really look carefully at things before deciding I know what it’s about,” Isaiah shared. “I can definitely use this [skill] in real life.”



Figure 9. Luis Jiménez, Cruzando El Rio Bravo [Border Crossing] (1987).

Artwork medium: sculpture, 126 in. x 40 in. x 51 in. The Blanton Museum of Art, The University of Texas at Austin, Gift of Jeanne and Michael Klein, 2005. Image courtesy of the Blanton Museum of Art. © 2019 Estate of Luis A. Jiménez, Jr. / Artists Rights Society (ARS), NY.

Another shared viewing activity that stood out to several students following the completion of the workshop involved the painting, *Raising of Lazarus* (Joachim Wtewael and workshop, 1595-1600; Figure 10).



Figure 10. Joachim Wtewael and workshop, *Raising of Lazarus* (circa 1595-1600).

Art work medium: oil on canvas, 52 in. x 57 in. Located in the Blanton Museum of Art, The University of Texas at Austin. Acquired through the Archer M. Huntington Museum Fund, 1984. Image courtesy of the University of Texas Digital Archive Services.

I selected this painting for use in the first session of all workshop groups, as the work does not offer an immediate, definitive interpretation, and instead welcomes viewers' curiosity as they attempt to make meaning out of the depicted scene. Though based on a biblical scene from the New Testament, there is little obvious evidence in the work to identify it as such. The scene contains an assortment of overlapping figures arranged in a complex, yet ambiguous scene around a large hole in the middle of a town square. Additionally, the art reflects the distortions of form, proportion and color that are hallmarks of the Mannerist style at the turn of the 17th century (Stokstad & Cothren, 2018), further testing a viewer's assumptions about the what and why of the image's content. Troy talked about "the weird painting with all the people that looked like they

were on stage and part of a play”, referring to *Raising of Lazarus*. He explained that if he had been in the gallery on his own, “I would have walked away from that [painting] without really looking at it...but it was cool to actually notice what was going on, what was happening in the painting. It was nice to do that [careful looking], because I know there’s a lot I don’t see, I don’t notice, every day.”

Diverging Experiences

One of the powerful qualities of IPA methodology is its ability to hold both convergent and divergent elements of human experience. A thorough analysis of the qualitative data would not be complete without acknowledging where individual experiences differed from the salient, overarching themes discussed above. Students differed on the art objects they selected, though there was overlap in motivation for selecting works. For example, some participants were drawn to more figurative works with content that was more easily “read” and mapped onto personal characteristics or stories, while other students were identified more strongly with abstract works, where ambiguity allowed for greater flexibility in projecting or externalizing aspects of their inner-self. The ambiguous quality of the abstract works did not, however, preclude intimate connection with their personal narratives or self-understanding. In fact, this is very much in keeping with the tradition of projective techniques in psychology, where ambiguity in content (as in the Thematic Apperception Test) or in material/aesthetic quality (as in the Rorschach inkblot test) promotes more accurate projections of the internal self (Donoghue, 2000). In reviewing my field observations and session notes, I observed that the majority of participants ($n=10$) selected abstract works almost exclusively throughout the course of the workshop. Most did not appear to be consciously aware of this fact, failing to explicitly state a preference for one style of art over another.

However, several students expressed having found abstract art more engaging or satisfying to work within the context of the workshop. For example, while reflecting on lessons learned over the course of the workshop, Emma laughed and shared, “Well, I learned I like abstract art more than I thought I did!”

Chapter 5: Discussion

The results of this pilot study suggest that workshop participants found the experience to be positive and helpful, overall. Outcome measures demonstrated improvement in mental wellbeing through the reduction of self-reported depressive symptoms and perceived stress. Additional evidence pointed to participants having made helpful shifts in personal narratives through increased self-reflection and positive coping skills. Quantitative research questions attempted to shed light on the potential efficacy of this novel intervention, examining whether or not engagement with art objects could support participants in their mental wellness, and the data does appear to speak to this end. Reported symptoms of depression as measured by the PHQ-9 were significantly decreased between pre- and post-treatment, suggesting that students were able to experience improvement of mood over the course of the study. This finding was further supported by comparing participants' screener PHQ-9 scores to the pretest PHQ-9 scores recorded at the start of the study; with no statistically significant change in depressive symptomatology in the three week period before screening and start of study, there is increased likelihood that the participation in the workshop contributed to the positive outcomes enjoyed by students. However, two quantitative measures failed to show significant positive change over the course of the workshop: the "Acceptance" subscale of the COPE inventory, and the "Insight" subscale of the Self-Reflection and Insight (SRIS) scale.

While the data showed that students indicated a slight increase in their use of the positive coping skill of acceptance at the workshop's completion, results proved statistically insignificant. This indicates that participants may not have made noticeable changes in their existing ability to accept and come to terms with the reality of life events and situations. This minimal shift is more understandable when reviewing participant

responses at pretest, where their baseline levels already reflected relatively high endorsements of acceptance. This level of acceptance may be a unique characteristic of the students who volunteered and self-selected into this study.

Similarly, participants experienced minimal change in their self-reported level of insight, as measured by the SRIS-IS subscale. This result is surprising when reviewing the qualitative data gathered over the course of the study, as students collectively described learning more about themselves through their engagement with art objects and each other. One possible explanation for the incongruence between the responses recorded via the measure and those collected in the qualitative data may be in the nature of the subscale itself. In designing the SRIS-IS, the measure's authors associated the construct of insight with the ability to identify and express affective states, with questions such as, "Thinking about my thoughts make me more confused" and "I usually know why I feel the way I do" (Grant, Franklin & Langford, 2002). From this perspective, Grant et al. (2002) note that the processes of self-reflection and insight are "logically independent", and they go on to point out that "one may spend considerable time in self-reflection without gaining insight." It is therefore possible that workshop participants did not draw their self-reflection further inward to inform conscious awareness of their emotional states. Another explanation may be that while participants shifted in their self-understanding to construct more positive personal narratives, they did not perceive this as a process of increased self-awareness, but rather as a process of piecing together parts of their life story. This is consistent with the theme of "Weaving Narratives" which emerged from the qualitative data, and is summarized quite appropriately by the following observation made by one of the participants as they reflected on what they had gained from the workshop: "I learned I'm still trying to wade through all of the pieces of my life story."

Continuing in this perspective, it makes sense that quantitative data measuring changes in participants' self-reported reflection-oriented attitudes and behaviors (the SRIS-SR subscale) showed significant change. Participants were explicitly invited to engage in self-reflection through the gallery activities, and they also personally identified their experiences as a process of self-reflection. Participants interpreted the gallery activities as steps towards developing an understanding of how the personal narratives extracted from self-reflection fit together to inform their life stories. The heart of participants' individual and group experience was ultimately situated on their engagement with artworks, where naming the unspoken and seeing the unseen occurred through the projective process (Frank, 1948).

In the qualitative data gathered throughout the course of the study, key themes emerged around the ways in which students engaged with the art objects, and the meaning they assigned to their experiences of this engagement. For all participants, the art served as representations of memories, personal values, and aspects of individual identity, which enabled them to hold these elements outside of themselves for closer inspection and consideration. Students understood this engagement as means to cultivate deeper understanding of their growing life story. This finding is in alignment with how other researchers have conceptualized the interpretation of art as a reflection of an individuals' internal patterns and schemas, themselves influenced by deeply-rooted emotions, experiences, and memories (Pinto, 2014). The ability of the art to help students openly discuss and reflect upon difficult emotions or experiences of the self throughout the course of the workshop affirms the power of projective strategies to inspire dialog and self-reflection (Wiehagen et al., 2007).

This theme of art-as-mirror which surfaced in the qualitative data that was gathered over the course of the study may serve to explain the change in self-reflection

captured in the outcome measure of the SRIS Self-Reflection subscale. The average increase in points that was found across participant responses suggests improved awareness of and engagement in self-reflective behaviors, and this trend appears to be validated in the qualitative data as well. For workshop participants, the ability to see and use art as a mirror upon which to gain deeper understanding of their inner-self proved to have a lasting impact. In their exit interviews, students were able to recall works of art that had proved especially meaningful for their own personal exploration, identifying the object if not by name or artist, then by description. Participants were also able to recall art objects that had inspired deeper conversations or that had connected to a useful coping or narrative skill.

Philosophers, art historians and museum educators have had some awareness of this healing potential for some time, positioning art objects as points of departure for inner exploration and the museums which safeguard these creative treasures as the landscapes through which these journeys often take place. Art educators have passionately advocated for the use of art as a vehicle for both inter- and intra-personal healing (e.g., Heise, 2014; Mayer, 2014). Armstrong (2000) makes a strong case for the transcendent power of art, describing how philosophers such as Kant, Schiller and Hegel considered the enjoyment of art as a fundamental element of life: “Art...is not merely a pleasant diversion but, on the contrary, addresses and seeks to satisfy basic human concerns...art’s importance is focused upon what engaging with works of art can do for the individual spectator” (p. 186-187). Evidence gathered over the course of the current project indicates that students connected with the art objects and the narrative-based interventions and skills, yet this was not a journey they undertook alone. The therapeutic facilitation and intentionality of the workshop’s curriculum moved students through this process, encouraging them to dive deeper into their past experiences and verbalize parts

of their life story through the prism of their engagement with art objects. While art may have been the key for each participant's process, a guide helped point them towards the door.

A strong parallel can be made here to the broader therapeutic process itself. Individuals can certainly move towards insight and self-reflection on their own, authoring their own positive narratives and life stories without ever setting foot inside a therapist's office. For others, however, the journey to personal insight and healing is often accompanied by a professional in the healing arts of psychotherapy, and it is through the process and alliances formed in therapy which facilitate healing (e.g., Hill, 1990; Teyber, 2006). In using art objects and museum spaces as vehicles for personal engagement and reflection, psychotherapists have at their disposal a powerful method that embodies the integration of art and science, and also connects with humankind's drive to understand the world and others. As Roche, Farina and Commins (2018) observe in their consideration of the symbiotic relationship between art and science, "Both are concerned, at the deepest level, with the expression of fundamental truths in some form: insights about ourselves, about the world around us, about the nature of nature itself. Both seek to enlighten, illuminate and enable people to better comprehend themselves, their world and their relationship to it" (p. 2).

Limitations

While the current pilot study resulted in generally positive findings, the researcher acknowledges several important limitations which were present despite efforts to minimize these potential challenges. First among these is that teasing apart the various therapeutic elements of the current study proved difficult to do. However, this in and of itself is unsurprising, given that it has been historically—and notoriously—difficult to

identify and distinguish healing factors in psychotherapy in order to isolate the definitive factors contributing to variance in treatment outcomes (Hofmann & Weinberger, 2013). This is made especially difficult when considering the findings of the current pilot study, which demonstrates notable vulnerability to the weaknesses innate to the non-experimental design and small sample size. However, psychotherapy has been recognized as a process of facilitating clients' in their own journey of self-healing or self-help, where the therapeutic process is one of empowering clients and helping them to enact their desired personal change (Bohart, 2006, p. 219; Bohart & Tallman, 1996). Researchers have noted that attempts to understand, and ascribe credit to, therapy outcomes are unfairly centered on the therapist as an agent of change, and often fail to recognize the contributions clients make to the change process" (Hofmann & Weinberger, 2013). Rather than considering therapist skill or even specific interventions such as the one piloted in the present study, it is worth recognizing that the client's effort and investment in the process is what ultimately makes any process of self-healing possible (Bohart, 2006). From this perspective, it is perhaps more critical to emphasize the current study's broad finding, in which the piloted intervention was proven to have provided students with therapeutic tools and spaces that helped facilitate their individual processes of self-healing,

While the researcher has attempted to compensate for the weaknesses innate to non-experimental research design by opting for a mixed-methods approach (Creswell & Plano Clark, 2016), the ability to generalize research findings to the broader population of interest is considered the purview and privilege of true experimental designs. The gold standard of experimental design, the randomized control trial (RCT), is a significantly more robust method for determining treatment efficacy, where control and treatment groups allow for more rigorous comparisons to better support proposed causal

relationships (Marsden & Torgerson, 2012). In the case of the current study, the non-experimental nature of its design prevents generalizability of the quantitative data, therefore it is important to emphasize the pilot nature of these findings and hazard against inferring efficacy beyond the scope of the small sample. Instead, it is far more helpful to view the statistical findings as being suggestive of positive trends to support the feasibility of future research in this area. Given the innovative nature of the study's intervention and the limited extant research on engagement with art objects in museums spaces as a therapeutic tool, the current findings should instead be viewed as preliminary data to justify further exploration. This conceptualization is aligned with the recommended use of pilot studies as a necessary first step for exploring novel interventions or innovative applications of interventions (Leon, Davis & Kraemer, 2011). The current exploratory study is thus intended to guide the design and implementation of larger scale efficacy studies.

Another key limitation of this pilot study involves the sampling and recruitment of participants. Indeed, the complex processes of participant selection and coordination are among the unique challenges inherent to conducting research around group interventions (McCarthy et al., 2017). The small sample size ($n=15$) does not yield adequate statistical power for determining a true sense of treatment efficacy in terms of the quantitative analyses, and the availability of only one group facilitator—the researcher herself—innately limited the number of individuals who could reasonably be recruited. Additionally, all participants were recruited through the Educational Psychology Subject Pool and undergraduate courses in educational psychology. Thus, the final sample reflects a very specific portion of the University of Texas population, and these students may already be more open to therapeutic experiences given their involvement in, or connection to, educational psychology coursework. Additionally,

participants recruited for the study are likely to reflect strong self-selection bias due to the art component of the intervention. This is suggested in the qualitative data, as students explicitly identified the art museum and curiosity around the use of art objects in therapeutic contexts as important reasons or motivations for participation. Attrition, however, proved not to be as problematic a factor to the current pilot study, as the minimum desired number of participants was met. These students demonstrated commitment to attendance, and participated in make-up sessions if they were out sick or otherwise unable to attend on their scheduled day.

Another limitation exists with the outcome measures selected for this study. Self-report questionnaires are susceptible to inaccurate reporting due to many factors, such as social desirability or a desire to please the facilitator, however research suggests there is no systematic bias as a consequence of using such self-report scales in outcome studies (Lambert et al., 1996). Additionally, one measure in specific, the ANIQ, is a relatively new instrument that has not been rigorously tested across populations, therefore it was necessary to interpret findings along with other corroborative data, including evidence from the study's qualitative sources. However, it is this use of a mixed-methods approach which serves to counter some of the inherent weaknesses in the quantitative findings; taken together, both quantitative and qualitative data are reflective of an overall positive experience for participants, and demonstrate the feasibility of implementing and studying this innovative intervention.

Implications

The information gleaned from this preliminary, explorative study not only speaks to the feasibility of future inquiries into the use of arts-based interventions set in campus art museums, but affirms the potential of campus art museums as a vehicle for therapeutic

interventions to support the mental wellbeing of college students. Therefore, the findings of the current pilot study have several important implications within the realm of college mental health.

Results suggest that implementing this innovative intervention is not only feasible, but would be well-received by participants. Providing interventions of this nature can therefore be a powerful way to serve an increased number of students through arts-based programming that emphasizes the promotion of wellbeing in addition to symptom relief. Additionally, this pilot study demonstrates that successful treatment on campus can occur outside of college counseling centers, serving to free up resources at counseling centers while attracting students who might not otherwise have engaged in mental health services. In light of this, the group protocol could be manualized for use by trained art or museum educators in partnership with the counseling center to provide care for students. For example, a student who requests counseling and is not in severe distress might be referred to Healing Space workshops for fostering psychological wellbeing. College counseling centers could then be able to focus on students endorsing greater distress or who need more specialized care. And for students who might not otherwise seek mental health treatment due to stigma associated with traditional mental health services, learning about this alternative setting might encourage help-seeking. This museum-based intervention can thereby provide universities with opportunities to support students deterred from treatment by more traditional approaches. Finally, this pilot could also serve as a model for other universities with campus art museums to use in supporting mental health care and wellbeing for their students.

Directions for Future Research

It is the researcher's hope that the current study may encourage others to explore the clinical utility of art-viewing and museum-based psychotherapeutic interventions. One possible avenue of future study is the implementation of a larger scale research effort as the next step in determining efficacy of this innovative treatment. The pilot study results could justify greater investment of resources (e.g., funding additional facilitators, running more workshop groups) in order to support a randomized control design that uses a larger sample of students. Additionally, researchers could examine the possibility of using engagement with art objects as a healing tool for individual clients, incorporating museum visits and slow, thoughtful looking (directed at both the art and the self) into treatment plans. Future studies could also propose a predictive model of depressive outcomes based on variables such as levels of narrative coherence, ability to externalize, and preference for visual texts over written or oral texts. It would also be useful to explore how student attitudes towards the arts impact receptiveness and response to the intervention, in the event that appreciation of the visual arts turns out to be moderating factor. Finally, the limited findings around the coping skill of acceptance, and around insight, provide avenues for further development of the workshop, as the current researcher continues to adjust, expand, and further study engagement with art objects as a therapeutic tool in service of psychological wellbeing.

This study could also provide a foundation upon which to consider applications to other populations beyond college students, where stronger and more prevalent stigma associated with traditional mental health care might pose a significant barrier to seeking treatment. Future research should also explore ways to promote accessibility of this treatment modality, as cost of museum entry fees or access to affordable transportation may inhibit ability for members of underserved populations to participate. However, the

universal appeal of artistic expression invites members of marginalized or underserved communities to experience a potentially healing therapeutic process that explores narrative identity, a multiculturally/subjective form of psychotherapy that welcomes non-traditional western perspectives. And given that museums such as the Blanton Museum of Art in Austin, TX serve not only the campus community, but the broader community as well, a partnership with community mental health professionals who are invested in promoting public healing may help college museums meet their goals of serving both their campuses and their cities.

Summary

The need for novel interventions that can address the unique needs of college students is clear given the rising need for mental health care across college campuses. As college counseling centers struggle to meet demand, the exploration of new avenues and modalities for treatment may provide a means to help improve wellbeing among college students. By exploring how an art-viewing group intervention run in the campus art museum can improve students' emotional wellbeing, this study provides valuable pilot data to inform the use of an innovative course of treatment tailored for this increasingly diverse population. Results of this study can be used to support a larger-scale experimental study in the hopes of identifying a new mode of treatment that is effective, efficient, and easy to deliver.

Nurturing an individual's awareness of their personal narratives around the events, outcomes, and personal qualities which shape the understanding of the self is critical to establishing a stable, healthful sense of being. As observed by Hallford and Mellor (2017) in their work on narrative identity, the power of this self-awareness to bring forth cohesive, meaningful life stories from a person's experience of the world is in

itself adaptive: “If the self is indeed a psychological fiction, then awareness of those stories must be fundamental to understanding what they tell us about ourselves, and the lessons therein” (p. 400). If, in a physical sense, awareness of the self is captured through the evaluation of the simultaneously subjective/objective reflections presented on the polished surfaces of mirrors, then engagement with art objects serves not only as a reflective exploration of the psychic self, but as a vehicle through which to step through the looking glass to partake in transformative experiences. Art objects are imbued by the viewer with meaning that is based on their psychological projection, and human beings “hunger for artworks that will compensate for our inner frailties and help return us to a viable mean” (de Botton & Armstrong, 2013, p. 30). Works of art enable us to negotiate the space between self-reflection and awareness, helping bring to the surface personal narratives or deeply engrained, internalized views of the self. Ultimately, however, art does not symbolize psychological shortcomings. Instead, art highlights the remarkable reality of humankind’s capacity for creativity, connection, and self-understanding.

Appendices

Appendix A: Outline of Workshop Curriculum

Appendix B: Pre-screening Survey

Appendix C: Pre-Group Information Session and Participant Form

Appendix D: Patient Health Questionnaire-9 (PHQ-9)

Appendix E: COPE Inventory

Appendix F: Awareness of Narrative Identity Questionnaire (ANIQ)

Appendix G: Self-Reflection and Insight Scale

Appendix H: Perceived Stress Scale

Appendix I: Interview Guide

APPENDIX A: OUTLINE OF WORKSHOP CURRICULUM

Session 1 – Introductions & discovering the dominant narratives

This session revolves around introducing participants to the group and beginning the exploration of dominant narratives that are at work in their lives.

Session Goal: Getting to know one another, creating a safe space, drafting a group contract, introduction to viewing art and expressing self; identify negative self-narrative, reflect back to client, revise as necessary. Discover the problem.

Activities: 1) Introductions; 2) Adoption of group contract by discussing members' expectations and planned activities; 3) Gallery lesson: building observation & noticing skills; 4) Participants find artworks as a reflection of identity or parts of identity; 5) Looking at art as a group to begin practicing introspection, identifying emotions, communicating responses, and actively listening,

Therapeutic practices/interventions: active listening; reflecting, facilitative questioning, and strategies for viewing/talking about art.

Session plan:

- 5-10 minutes: Introduction to workshop, gallery activity/warm-up:
 - Breathing exercise: Belly Breathing (<https://www.uofmhealth.org/health-library/uz2255>);
 - Sit or lie flat in a comfortable position.
 - Put one hand on your belly just below your ribs and the other hand on your chest.

- Take a deep breath in through your nose, and let your belly push your hand out. Your chest should not move.
 - Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in, and use it to push all the air out.
 - Do this breathing 3 to 10 times. Take your time with each breath.
 - Notice how you feel at the end of the exercise.
- 5 minutes: Work on noticing/observing—Round-robin 10x2 shared viewing.
 - 10 minutes: (prompt phase) Introducing yourself to the group; individual exploration based on Personal Response Model (Williams, 2010).
 - *Prompt 1: Introducing yourself through art: Find your self-portrait in these galleries: why is this your self-portrait? What does it say about you? What is missing, or what would you change—in the artwork and/or in yourself? Was there another image you thought about selecting?*
 - 20 minutes: group tour based on artworks selected by participants during prompt phase
 - 15 minutes: reflection and processing, final thoughts

Session 2 – Externalizing: You are not the problem

Session focuses on separating the individual from their problem.

Goal: Re-cap from previous week; Naming the problem; Externalizing; focusing on coherence, social support

Therapeutic practices/interventions: facilitative questioning, reframing, projection/externalization, elicit alternate possibilities from participants.

Activities: 1) Using a preselected work of art, participants create and share a story about the artwork; Border Crossing: close viewing together, use a word to describe? What is the story going on in the image? 2) Participants find a work of art that can serve as a metaphor for important memories that informed sense of self; 3) Process stories—do they make sense? How can we deepen the story?

Session plan:

- 5 minutes: Introductions, gallery activity/warm-up
- 10 minutes: Pre-selected artwork, practice “reframing” and externalizing; explain use of metaphor,
- 10 minutes: (prompt phase) individual exploration based on Personal Response Model (Williams, 2010).
 - *Prompt 2a: Start with a pre-selected artwork. Everyone, take a moment. Write a very brief story (3-4 sentences) about who these people are and what is happening in the image. OR select a word that or two that describes this artwork. Discuss as group. Highlight the many different interpretations/meanings individuals found.*
 - *Prompt 2b: Find a visual metaphor or “portrait” for your experience with mental wellness. How has this influenced your life? Find a visual metaphor or “portrait” for a key experience (or memory). How has this part of your life story influenced you? How does it continue to influence you? What has it gotten in the way of? (If helpful, revisit your self-portrait from last week as a starting point for exploring how the problem has impacted you.) OR an artwork that describes a time in your life when the problem wasn’t holding you back, or that tells a story*

when you were able to work past the problem. How were you able to challenge the problem? How about finding an artwork that captures something positive about yourself?

- 20 minutes: group tour based on artworks selected by participants during prompt phase
- 10 minutes: reflection and processing
- 5 minutes: home practice, final thoughts

Session 3 – Alternate Stories/Unique Outcomes

This session revolves around helping participants explore unique outcomes and alternate stories.

Goal: Re-cap from previous week; Participants identify influence of problem on life and their influence on life of the problem; support agency and self-efficacy, participant values and key memories; Explore alternate possibilities, and how different works can be interpreted. Draw parallels to life: the same event can have different meaning and purpose for people.

Therapeutic practices/interventions: facilitative questioning, reframing, projection and externalization, elicit alternate possibilities from participants.

Activities: 1) Check-in about any thoughts/comments held over from last week; 2) Engage with art to find something that embodies or represents important memories of past challenges and the resolution of those challenges; 3) Process as group, how did/do the challenges shape us? Where is there room to reframe or reinterpret the experience?

Session plan:

- 10 minutes: Introductions, gallery activity/warm-up
- 10 minutes: (prompt phase) individual exploration based on Personal Response Model (Williams, 2010).
 - *Prompt 3: Find an artwork that describes a time in your life when the problem wasn't holding you back, or that tells a story when you were able to work past the problem. How were you able to challenge the problem?*
- 20 minutes: group tour based on artworks selected by participants during prompt phase
- 10 minutes: reflection and processing
- 5 minutes: home practice, final thoughts

Session 4 – Revisiting the self & Performance

Focus of this session is to perform re-authored narratives, process end of group experience, reflect on progress.

Goal: Farewell meeting: reflection on personal and group processes, describing the self and significant personal values through a visual story, essentially rehearsing the new narrative.

Therapeutic practices/interventions: facilitative questioning, reframing, projection/externalization, elicit alternate possibilities from participants.

Activities:

1a) Seek out a work of art that represents some of your most important personal values, and how are these tied to your life story? 1b) Author a metaphor for your

future—find a work of art that’s a visual metaphor of how you view your future. How can you live this future today?

Alternate lesson plan (unused, but kept for future iterations of the workshop): 1) Find a work of art that reflects something about your past, present, and future; 2) Share with group, explore meaning; 3) Final take-home practice: conceptualize life as a continuing story, limitless possibilities. What can participants continue to do to help them further develop/shape their life story?

Session plan:

- 5 minutes: Introductions, gallery activity/warm-up
- 10 minutes: (if members express need/desire for reflection time in galleries)
individual exploration, refinement of story they composed as homework.
 - *Prompt 4: Find a work of art that describes/reflects your values. How are these connected to your life story? How do these values connect to your future self and the continuation of your story?*
- 30 minutes: group tour to view artworks & performances
- 10 minutes: reflection and processing
- 5 minutes: final home practice, closing thoughts

APPENDIX B: PRE-SCREENING SURVEY

- A. Consent to participate, to be prepared per IRB instructions (participants must indicate “yes” to proceed.
- B. You must currently be enrolled/attending a college/university to be eligible for this study. If you are not, please close this survey.
- C. You must currently be 18 years or older to be eligible for this study. If you are not, please close this survey.

The next few questions ask for some information about you:

- 1. Name:
- 2. Age:
- 3. Email address:
- 4. Phone:
- 5. Preferred method of contact:
- 6. Major/Program of study:
- 7. Year in school
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Graduate Student (including medical students, law students, etc.)
 - f. Other (please describe):
- 8. Number of credits you are currently enrolled in:
- 9. Are you a student veteran?
 - a. Yes
 - b. No
- 10. To which gender identity do you most identify?
 - a. Female
 - b. Male
 - c. Gender non-conforming
 - d. Self-identify as (please describe):
- 11. Sexual Orientation:
 - a. Heterosexual
 - b. Gay/Lesbian
 - c. Bisexual
 - d. Transgendered

- e. Questioning
 - f. Other (please describe):
12. Race/ethnicity (please choose all that apply):
- A. Arabic/Middle Eastern Descent
 - B. Asian
 - C. Black, African-American
 - D. Hispanic, Latina/o, or Spanish origin
 - E. Native American, American Indian, Alaska Native
 - F. Native Hawaiian or other Pacific Islander
 - G. White
 - H. Multiracial/multiethnic
 - I. Other (please describe):
13. How often do you participate in arts-related activities (i.e., drawing, visiting museums, attending concerts, playing music, etc.)?
- a. less than one time a month
 - b. two or three times a month
 - c. once a week
 - d. more than once a week

For the next few questions, think back over the last 2 weeks. How often have you been bothered by any of the following problems?

14. Little interest or pleasure in doing things
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
15. Feeling down, depressed, or hopeless
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
16. Trouble falling or staying asleep, or sleeping too much
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day

17. Feeling tired or having little energy

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

18. Poor appetite or overeating

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

19. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

20. Trouble concentrating on things, such as reading the newspaper or watching television

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

21. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

22. Thoughts that you would be better off dead or of hurting yourself in some way

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

23. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- a. Not difficult
- b. Somewhat difficult
- c. Very difficult

- d. Extremely difficult

The next few questions are about your current mental health care:

24. Have you been diagnosed with any mental health issues?

- a. Yes
- b. No

If so, please describe diagnosis(es):

25. Are you currently participating in regular therapy sessions (e.g., 1 or more sessions a week)? Please include both individual and group therapy sessions.

- a. Yes
- b. No

26. Are you currently taking any psychiatric medications?

- a. Yes, please describe:
- b. No

27. Are you aware of your campus counseling center and/or any mental health services provided at your college or university?

- a. Yes
- b. No

28. Have you considered seeking out care at your campus counseling center?

- a. Yes
- b. No

29. Have you used your campus counseling center?

- a. Yes
- b. No

30. If you have **not** used your campus counseling center, what are some reasons why you have not gone? Please describe.

- a. Yes
- b. No

31. Would you be interested in participating in a four-week, art-viewing group to help improve mood?

- a. Yes
- b. No

32. If you would not be interested in participating in the group, may I contact you later in the semester with a follow-up questionnaire?

- a. Yes
- b. No

APPENDIX C: PRE-GROUP INFORMATION SESSION AND PARTICIPANT FORM

Agenda for Pre-Group Information Session: *A Healing Space*

Adapted from *A Ridiculously Easy Way to Screen for Group* (Damer, 2009)

1. As students arrive for the meeting, they are asked to complete the top part of the Participant Form.
2. Welcome & Ice-breaker, introductions, and explanation of the format of the information session.
3. Review group logistics: session locations, dates, and times.
4. Provide orientation to *A Healing Space*
 - a. Group size
 - b. Group activity: close-looking exercise based on Tishman's "10x2" exercise (Tishman, 2018, p. 16)
 - c. Describe goals of intervention: using art-viewing in the campus art museums to better understand personal narratives that are negatively impacting mood/perspective
 - d. Confidentiality
 - e. Overview of group experience and expectations of participants:
 - i. Group will have weekly goals/prompts
 - ii. Emphasis on being present and reflecting on personal narratives (the individual's narrative and members' narratives)
 - iii. Importance/pace of self-disclosure
 - iv. Type of feedback that is most helpful
 - v. What is less helpful (e.g., general discussions, direct advice giving)
 - vi. Discouragement of outside contact/groups as a social laboratory
 - vii. Role of the group facilitator
 - f. Attendance and group cohesion
 - i. Emphasize regular attendance
 - ii. Inform leaders ahead a time re: lateness or absences
 - iii. Predict discomfort and reframe it as a positive thing
 - iv. Express positive feelings about group and participants
 - g. Initial commitment to attend all sessions, address doubts about group
5. Housekeeping: Address questions and items in group agreement that have not already been covered.
6. Potential group members complete second part of PGI note while group facilitator meets individually (5-7 minutes) in a separate room with each person. In individual meetings:
 - a. Review/clarify responses on form. Determine fit for group.
 - b. If joining group, sign agreement
 - c. If joining group, sign, provide business cards with group start date.

Participant Form for Pre-Group Information Session: *Arts on the Mind*

Adapted from *A Ridiculously Easy Way to Screen for Group* (Damer, 2009)

Name:

DOB:

Date:

What about this group potentially interests you?

Please briefly describe your previous history of mental health treatment and involvement with mental health services:

Are you currently in treatment (i.e., individual therapy/counseling, group counseling, etc.)?
___no ___yes If “yes”, please describe:

Please complete the following questions after the group information has been presented:

What are some words you would use to describe yourself? How have others described you?

If you could change anything about the way you relate to or interact with others, what would you change?

Are there any aspects of how you relate to others about which you might like to receive feedback? How might it be helpful for you to give and receive feedback? How might this be challenging for you?

What do you hope to gain by participating in this group? See the back of this form for examples of goals that participants may have for group therapy.

What concerns or questions do you have about being a member of this group?

Examples of goals that can be addressed in group therapy:

I would like to:

1. be able to express preferences/opinions
2. be able to ask for what I need
3. be more comfortable sharing personal information
4. deepen my emotional connection with others
5. be less fearful of the judgment of others
6. be able to openly disagree with others
7. be able to “open up” to others
8. be less afraid of offending/upsetting others
9. be closer to others
10. be less self-critical
11. be less fearful others seeing and judging my “real self”
12. be able to make a mistake and not feel ashamed
13. remain engaged rather than withdraw from others when I’m stressed out
14. be able to express certain emotions (e.g., sadness, anger) in constructive ways
15. be able to trust others
16. explore feedback I have received that I’m too sensitive (or too “insert adjective here”)
17. feel more confident in my decisions
18. be less influenced by the opinions of others
19. take less responsibility for other people (less “caretaking”)
20. be able to express positive feelings toward others
21. be able to set boundaries/limits with others
22. be less afraid of rejection
23. be able to tolerate conflict

For group leader use: Provided information about group, including day/dates/time of group.

Disposition:

☐ Student will join group

☐ Leader or student decided that group is not a good fit

Signature: _____ Date: _____

APPENDIX D: PATIENT HEALTH QUESTIONNAIRE (PHQ9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
2. Feeling down, depressed, or hopeless
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
3. Trouble falling or staying asleep, or sleeping too much
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
4. Feeling tired or having little energy
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
5. Poor appetite or overeating
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television
- Not at all
 - Several days
 - More than half the days
 - Nearly every day
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
- Not at all
 - Several days
 - More than half the days
 - Nearly every day
9. Thoughts that you would be better off dead or of hurting yourself in some way
- Not at all
 - Several days
 - More than half the days
 - Nearly every day

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

APPENDIX E: COPE INVENTORY

Instructions: These items deal with ways you've perhaps been coping with feeling down, sad, or depressed over the past two weeks. If you have **not** been feeling down, sad, or depressed, thinking about how you would cope with those feelings today. Each item says something about a particular way of coping with these feelings, and asks to what extent you've been doing what the item says. Don't answer on the basis of whether it seems to be working or not—*just whether or not you're doing it or would do it*. Use these response choices: 1 – I haven't been doing this at all; 2 – I've been doing this a little bit; 3 – I've been doing this a medium amount; 4 – I've been doing this a lot).

Try to rate each item separately in your mind from the others. Make your answers as true for you as you can.

Have you been feeling down, sad, or depressed in the last two weeks? __YES __NO

1. I look for something good in what is happening.
2. I learn to live with it.
3. I try to see it in a different light, to make it seem more positive.
4. I discuss my feelings with someone.
5. I learn something from the experience.
6. I try to get emotional support from friends or relatives.
7. I get used to the idea that it happened.
8. I get sympathy and understanding from someone.
9. I accept that this has happened and that it can't be changed.
10. I try to grow as a person as a result of the experience.
11. I talk to someone about how I feel.
12. I accept the reality of the fact that it happened.

Scoring

Scales (sum items listed, with no reversals of coding): Positive reinterpretation and growth: 1, 3, 5, 10; Acceptance: 2, 7, 9, 12; Use of emotional social support: 4, 6, 8, 11

The developer of this scale denies that there is an “overall” score on this measure and recommends no particular way of determining whether a given individual has a dominant coping style (Carver, n.d.).

APPENDIX F: AWARENESS OF NARRATIVE IDENTITY QUESTIONNAIRE (ANIQ)

Instructions: Everyone has memories about the experiences they have had over their lifetime. Sometimes these memories can be used to create stories about our lives. The following statements refer to how you might use your memories to understand the kind of person that you have been, the person you are, and the person you expect to become.

You can respond to the statements on a scale from 0 (*completely disagree*) to 10 (*completely agree*), with a higher score indicating stronger agreement. Please try to answer the questions broadly, and in relation to how you generally use your personal memories, rather than trying to relate them to specific circumstances or experiences.

1. My memories are like stories that help me understand my identity.
2. I use my stories about my life to work out the kind of person I am.
3. The experiences from my past make the story of who I am.
4. My sense of self is embedded in memories of my life.
5. When I think over my life, I can observe how there is a story that tells me who I am.
6. I can put the events of my life in order of when they occurred.
7. Knowing the order in which my life events occurred is easy for me.
8. When I'm thinking back over experiences I have had, I know when they occurred in my life.
9. I have a good awareness of the sequence in which events and experiences in my life happened.
10. When I think about experiences in my past, I find it easy to remember what came before and after them.
11. I understand how the story of my life has unfolded.
12. I understand how my life experiences are associated with one another.
13. Things that have happened over the course of my life are meaningfully tied together.
14. I am aware of how events in my life are interrelated.
15. I can understand how experiences in my life have occurred, with one thing leading to another.

16. When I think or talk about experiences in my past I can see themes about the kind of person that I am.
17. I can perceive common themes about who I am across memories of my life.
18. I notice themes in the personal memories of my life that relate to the kind of person that I am.
19. When I recall events and experiences across my lifetime, I can see consistent patterns in the way that I think, feel, and act.
20. There are clear themes relating to who I am that can be found in my personal memories.

Scoring (sum totals)

Awareness subscale: Items 1 to 5

Temporal Coherence subscale: Items 6 to 10

Causal Coherence subscale: Items 11 to 15

Thematic Coherence subscale: Items 16 to 20

Items within each subscale are summed, with a possible range of 0 to 50.

APPENDIX G: SELF-REFLECTION AND INSIGHT SCALE (SRIS)

Instructions: For each of the following questions, please respond on a scale of 1-5:

1 - Strongly disagree, 2 - Disagree, 3 - Neutral, 4 - Agree, 5 - Strongly agree

1. I don't often think about my thoughts
2. I am not really interested in analyzing my behavior
3. I am usually aware of my thoughts
4. I am often confused about the way that I really feel about things
5. It is important for me to evaluate the things that I do
6. I usually have a very clear idea about why I have behaved in a certain way
7. I am very interested in examining what I think about
8. I rarely spend time in self reflection
9. I'm often aware that I'm having a feeling, but often don't quite know what it is
10. I frequently examine my feelings
11. My behavior often puzzles me
12. It is important to me to try to understand what my feelings mean
13. I don't really think about why I behave in the way that I do
14. Thinking about my thoughts make me more confused
15. I have a definite need to understand the way my mind works
16. I frequently take time to reflect on my thoughts
17. Often I find it difficult to make sense of the way I feel about things
18. It is important to me to be able to understand how my thoughts arise
19. I often think about the way I feel about things
20. I usually know why I feel the way I do

* Items 1,2,4,8,11,13,14 and 17 are reversed

A total score for each component of the questionnaire is calculated as follows:

- a) Engaging in self-reflection (items 2, 5, 7, 12, 15, 18), max score: 30.
- b) Need for self-reflection (items 1, 8, 10, 13, 16, 19) max score: 30.
- c) Insight (items 3, 4, 6, 9, 11, 14, 17, 20) max score: 40.

APPENDIX H: PERCEIVED STRESS SCALE

Instructions: In the past month, how often have you...

1. ...been upset because of something that happened unexpectedly?
 - a. Never (0)
 - b. Almost Never (1)
 - c. Sometimes (2)
 - d. Fairly Often (3)
 - e. Very Often (4)
2. ...felt that you were unable to control the important things in your life?
3. ...felt nervous and “stressed”?
4. ...felt confident about your ability to handle your personal problems?
5. ...felt that things were going your way?
6. ...found that you could not cope with all the things that you had to do?
7. ...been able to control irritations in your life?
8. ...felt that you were on top of things?
9. ...been angered because of things that were outside your control?
10. ...felt difficulties were piling up so high that you could not overcome them?

Scoring:

Reverse Items: 4, 5, 7, 8

Total Perceived Stress: Sum Items 1, 2, 3, 4R, 5R, 6, 7R, 8R, 9, 10

Score range: 0 - 40

Higher mean scores = higher perceived stress

APPENDIX I: INTERVIEW GUIDE

Students who participated in the group intervention will be invited for a 45-60 minute follow-up interview. The goal of the interview is to explore the student's experience with the intervention, museum space, art-viewing, and personal narrative changes, if any. With participants' consent, interviews will be recorded.

Introduction to follow-up session. The researcher will meet the student in the appointed room in the Sanchez building on UT's campus and identify herself. The following script is a template for this interaction.

Researcher: Thank you again for agreeing to participate in this follow-up interview about your experiences in "A Healing Space".

This interview will take about 45 to 60 minutes. If you'd like to end the interview at any time and for any reason, that's also okay. I'd also like to record our interview today, so I can take notes later. If you would not like to be recorded, that's okay too. Thank you again for participating in my study, and if you have any questions or concerns after today, please feel free to reach out to me or my faculty supervisor, Dr. Ricardo Ainslie.

Interview questions

1. How did the group meeting in the museum influence your decision to participate?
2. What did you initially expect from this experience?
3. How would you describe your experience in the group, and was this different from your expectations?
4. In what ways did you find viewing art helpful?
5. What was it like being in the museum galleries?
6. How did being in the museum change ways you thought about yourself or others?
7. Think back on one work of art you selected to share with the group--what was meaningful about that experience and why?
8. What are some skills or strategies you learned from the group experience, if any?
9. What are some things you learned about yourself from the experience, if anything?
10. Is there anything else you would like to tell me your experience?

Conclusion. The following script is a template for this interaction.

Researcher: Those are all the questions I have for this exit interview. Thank you for your time and help today.

Glossary

The following glossary serves to clarify several terms associated with interdisciplinary concepts that were used throughout this dissertation.

Abstract art: Abstract art is a form of art that does not depict a naturalistic or accurate representation of an external, visual reality. Instead, abstract art uses shape, form, color, textures, and gestural qualities to achieve its effect. Abstract art may involve non-representative depictions of visual reality that have been translated to simplified forms, or may involve purely expressive, non-representative arrangements of color, shapes, and form (*Abstract Art*, n.d.).

Art therapy: Art therapy is a specialized mental health and human services discipline which integrates active art-making, applied psychological theory, and psychotherapeutic relationships. The American Art Therapy Association (AATA), the governing organization of art therapists in the United States, holds the stance that use of art in therapeutic contexts is not, in itself, art therapy. They draw a clear distinction between making or creating art as a mental health treatment modality, and art therapy, which they define as a profession (American Art Therapy Association, 2017).

Art viewing: Art viewing, or viewing art, is the act of seeing or looking at works of art either in person, or through digital printed reproductions. The author of this dissertation has established a distinction between art viewing, which many imply a passive act of consuming visual art objects, and engagement with art, which involves the viewer making close observations of the object while being attuned to internal reactions and responses to the work. This conceptualization of engagement with art as an active, participatory and internal experience is based on the theoretical work of John Dewey (1934).

Expressionism, Abstract: Originating in the mid-20th Century, Abstract Expressionism is a form of abstract art characterized by the impression of spontaneity with an emphasis on gestural brush-strokes or mark-making used for emotional or expressive effect (*Abstract Expressionism*, n.d.).

Figurative art: The term figurative art describes any form of art, including paintings, drawings, and sculpture, that retains clear references to the natural world and the human figure (*Figurative Art*, n.d.).

Slow looking: Slow looking is the practice of making careful, detailed observations of an object, text, idea, or artifact over time. The emphasis in slow looking is to deepen the experience of looking beyond an initial, quickly formed first impression and in favor of a more comprehensive, immersive experience (Tishman, 2019).

References

- Abela, J. R. Z., & D'Alessandro, D. U. (2002). Beck's cognitive theory of depression: A test of the diathesis-stress and causal mediation components. *The British Journal of Clinical Psychology, 41*, 111-128.
- Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*(1), 49-74.
- Abstract Art*. (n.d.). The Tate Museum. Retrieved Feb. 10, 2020, from <https://www.tate.org.uk/art/art-terms/a/abstract-art>
- Abstract Expressionism*. (n.d.). The Tate Museum. Retrieved Feb. 10, 2020, from <https://www.tate.org.uk/art/art-terms/a/abstract-expressionism>
- Abt, L. E., & Bellak, L. (1950). *Projective psychology: clinical approaches to the total personality* (1st ed.). New York, NY: Knopf.
- Acton, Q. A. (2013). *Issues in clinical psychology, psychiatry, and counseling* (2013 ed.). Atlanta, GA: Scholarly Editions.
- Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative identity development and mental health over the course of psychotherapy. *Journal of Personality and Social Psychology, 102*, 367-389.
- Adler, A. D., Conklin, L. R., & Strunk, D. R. (2013). Quality of coping skills predicts depressive symptom reactivity over repeated stressors. *Journal of Clinical Psychology, 69*(12), 1228-1238. doi:10.1002/jclp.21993
- Allen, P. B. (1985). Integrating art therapy into an alcoholism treatment program. *American Journal Of Art Therapy, 24*(1), 10-12.
- Allum, N. (2015). *Paired samples t-test and the time sharing experiments for the social sciences (2010): Attitudes to immigration in the USA*. London, United Kingdom: SAGE Publications Ltd
- Alloy, L. B., & Abramson, L. Y. (1982). Learned helplessness, depression, and the illusion of control. *Journal of Personality and Social Psychology, 42*(6), 1114-1126.
- Alter-Muri, S. (1996). Dali to Beuys: Incorporating art history in art therapy treatment. *Art Therapy: Journal of the American Art Therapy Association, 13*, 102-107.
- American Art Therapy Association. (2017). *Definition of Art Therapy as a profession*. Retrieved from <https://arttherapy.org/about-art-therapy/>
- American College Health Association. (2012). *Healthy campus 2020*. Retrieved from https://www.acha.org/HealthyCampus/Implement/Ecological_Model

- American College Health Association. (2016). *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2016*. Hanover, MD: American College Health Association.
- American Psychological Association. (2016). *Patient health questionnaire (PHQ-9 & PHQ-2)*. Retrieved March 1, 2018, from <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx>
- Andrews, B., & Wilding, J. M. (2004). The relation of depression and anxiety to life-stress and achievement in students. *British Journal of Psychology*, 95, 509-21.
- Archer J., & McCarthy, C. (2007). *Theories of counseling and psychotherapy: Contemporary applications*. Upper Saddle River, NJ: Pearson Education, Inc.
- Armstrong, J. (2000). *Move closer: An intimate philosophy of art*. New York, NY: Farrar, Straus and Grioux.
- Arnett, J.J. (2006). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469–480.
- Avdi, E., & Georgaca, E. (2007a). Discourse analysis and psychotherapy: A critical review. *European Journal of Psychotherapy and Counselling*, 9(2), 157–176.
- Avdi, E., & Georgaca, E. (2007b). Narrative research psychotherapy: A critical review *Psychology and Psychotherapy: Theory, Research and Practice*, 80(3), 407–419.
- Bauer, J. J., McAdams, D. P., & Pals, J. L. (2008). Narrative identity and eudaimonic wellbeing. *Journal of Happiness Studies*, 9(1), 81-104.
- Baerger, D., & McAdams, D. (1999). Life story coherence and its relation to psychological wellbeing. *Narrative Inquiry*, 9(1), 69-96.
- Barbour, R.S. (1998). Mixing qualitative methods: Quality assurance or quagmire? *Qualitative Health Research*, 8, 352–361.
- Behnke, S. (2008). The unique challenges of campus counseling. *Monitor on Psychology*, 39, 88–89.
- Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, 173, 90-96.
- Benton, S. A. (2006). *College student mental health: Effective services and strategies across campus*. Washington, DC: NASPA.
- Benton, S. A., Robertson, J. M., Tseng, W. C., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice*, 34, 66–72.

- Bennington, R., Backos, A., Harrison, J., Reader, A., & Carolan, R. (2016). Art therapy in art museums: Promoting social connectedness and psychological wellbeing of older adults. *The Arts in Psychotherapy*, 49, 34-34.
- Berkwits, M., & Inui, T. S. (1998). Making use of qualitative research techniques. *Journal of General Internal Medicine*, 13(3), 195-199.
- Bettis, A. H., Coiro, M. J., England, J., Murphy, L. K., Zelkowitz, R. L., DeJardins, L., Eskridge, R., Adery, L. H., Yarboi, J., Pardo, D., & Compas, B. E. (2017). Comparison of two approaches to prevention of mental health problems in college students: Enhancing coping and executive function skills. *Journal of American College Health*, 65(5), 313-322.
- Bion, W.R. (1962). *Learning from experience*. London: Karnac Books
- Blanton Museum of Art (n.d.-a). *About*. <https://blantonmuseum.org/about>
- Blanton Museum of Art (n.d.-b). *University Programs*. <https://blantonmuseum.org/university-programs>
- Blanton Museum of Art (n.d.-c). *Groups and Tours*. <https://blantonmuseum.org/welcome-to-the-blanton-museum-of-art/groups-and-tours>
- Blomdahl, C., Gunnarsson, A. B., Guregard, S., & Bjorklund, A. (2013). A realist review of art therapy for clients with depression. *The Arts in Psychotherapy*, 40(3), 322–330.
- Bohart, A. A. (2006). The active client. In J.C. Norcross, L. E. Beutler, & R. F. Levant (Eds), *Evidence-based practices in mental health* (pp. 218—226). Washington, DC: American Psychological Association.
- Bohart, A., & Tallman, K. (1996). The Active Client: Therapy as Self-Help. *Journal of Humanistic Psychology*, 36(3), 7–30. <https://doi.org/10.1177/00221678960363002>
- Bolt, R. W., & Paul, S. (2011). Building a creative-arts therapy group at a university counseling center. *Journal of College Student Psychotherapy*, 25(1), 39-52.
- Bone, T. A. (2018). Art and mental health recovery: Evaluating the impact of a community-based participatory arts program through artist voices. *Community Mental Health Journal*, 54(8), 1180-1188.
- Boyle, L. H., Whittaker, T. A., Eyal, M., & McCarthy, C. J. (2017). What really happens in quantitative group research? Results of a content analysis of recent quantitative research in JSGW. *The Journal for Specialists in Group Work*, 42(3), 243-252.
- Cahill Casiano, I. & Ainslie, R. (2019, August). *Arts on the mind: University students' engagement with the arts as a predictor of mental wellbeing*. American Psychological Association Annual Conference, Chicago.

- Cameron, I. M., Crawford, J. R., Lawton, K., & Reid, I. C. (2008). Psychometric comparison of PHQ-9 and HADS for measuring depression severity in primary care. *British Journal of General Practice*, 58(546), 32-36. doi:10.3399/bjgp08X263794
- Camic, P. M. (2008). Playing in the mud: health psychology, the arts and creative approaches to health care. *Journal of Health Psychology*, 13(2), 287-298.
- Camic, P. M., & Chatterje, H.J. (2013). Museums and art galleries as partners for public health interventions. *Perspectives in Public Health*, 133(1), 66-71.
- Carlson, T. D. (1997). Using art in narrative therapy: Enhancing therapeutic possibilities. *The American Journal of Family Therapy*, 25(3), 271-283.
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545-547.
- Carr, S. E., & Johnson, P. H. (2013). Does self reflection and insight correlate with academic performance in medical students? *BMC Medical Education*, 13(1), 113.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Carver, C. S. (n.d.). *The COPE (complete version)*. Retrieved July 20, 2018, from <http://www.psy.miami.edu/faculty/ccarver/sciCOPEF.html>
- Chan, C., Ngai, K., & Wong, C. (2012). Using photographs in narrative therapy to externalize the problem: A substance abuse case. *Journal Of Systemic Therapies*, 31(2), 1-20.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research*, (pp. 509-535). Thousand Oaks, CA: Sage.
- Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal Of Health Psychology*, 11(3), 421-437.
- Chiu, Y. H., Lu, F. J., Lin, J. H., Nien, C. L., Hsu, Y. W., & Liu, H. Y. (2016). Psychometric properties of the Perceived Stress Scale (PSS): measurement invariance between athletes and non-athletes and construct validity. *PeerJ: The Journal of Life and Environmental Sciences*, 4, e2790.
- Chua, L. W., Milfont, T. L., & Jose, P. E. (2015;2014;). Coping skills help explain how future-oriented adolescents accrue greater wellbeing over time. *Journal of Youth and Adolescence*, 44(11), 2028-2041.
- Cimsir, E. (2019). Insight, academic major satisfaction and life satisfaction among college students majoring in education: Implications for career counselling. *Journal of Psychologists and Counsellors in Schools*, 1-13.

- Clark, A. J. (1995). Projective techniques in the counseling process. *Journal of Counseling & Development*, 73(3), 311-316.
- Clark, A. J. (1998). Reframing: A therapeutic technique in group counseling. *The Journal for Specialists in Group Work*, 23(1), 66-73.
- Clay, R. A. (2011). Stressed in America. *Monitor on Psychology*, 42(1), 60. Retrieved from <https://www.apa.org/monitor/2011/01/stressed-america>
- Cohen, S., & Janicki-Deverts, D. (2012). Who's stressed? Distributions of psychological stress in the United States in probability samples from 1983, 2006, and 2009. *Journal of Applied Social Psychology*, 42(6), 1320-1334. doi:10.1111/j.1559-1816.2012.00900.x
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385–396. doi 10.2307/2136404
- Cohen, S., & Williamson, G. M. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on Applied Social Psychology* (pp. 31–67). Newbury Park, CA: Sage.
- Colbert, S., Cooke, A., Camic, P. M., Springham, N. (2013). The art-gallery as a resource for recovery for people who have experienced psychosis. *The Arts in Psychotherapy*, 40(2), 250-256.
- Cole, D. G., Sugioka, H. L. & Yamagata-Lynch, L. C. (1999). Supportive classroom environments for creativity in higher education. *The Journal of Creative Behavior*, 33(4), 277–293.
- Cook, S. W., & Heppner, P. P. (1997). A psychometric study of three coping measures. *Educational and Psychological Measurement*, 57(6), 906-923.
- Cooper, C., Katona, C., & Livingston, G. (2008). Validity and reliability of the brief COPE in carers of people with dementia: The LASER-AD study. *The Journal of Nervous and Mental Disease*, 196(11), 838-843.
- Cornish, P. A., Berry, G., Benton, S., Barros-Gomes, P., Johnson, D., Ginsburg, R., Whelan, B., Fawcett, E., & Romano, V. (2017). Meeting the mental health needs of today's college student: Reinventing services through Stepped Care 2.0. *Psychological Services*, 14(4), 428-442.
- Corrigan, P.W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59, 614–25.
- Corrigan, J., Kolakowsky-Hayner, S., Wright, J., Bellon, K., & Carufel, P. (2013). The satisfaction with life scale. *Journal of Head Trauma Rehabilitation*, 28(6), 489-491.
- Cramer, P. (1996). *Storytelling, narrative, and the thematic apperception test*. New York: The Guilford Press.

- Craig, J. A., Miner, D., Remtulla, T., Miller, J., & Zanussi, L. W. (2017). Piloting a coping skills group intervention to reduce depression and anxiety symptoms in patients awaiting kidney or liver transplant. *Health & Social Work, 42*(1), e44-e52.
- Creswell, J. (2002). *Educational research: Planning, conducting, and evaluating qualitative and quantitative research*. Columbus, OH: Merrill.
- Creswell, J. W., & Plano Clark, V. L. (2016). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage
- Csikszentmihalyi, M. & Beattie, O.V. (1979). Life themes: A theoretical and empirical exploration of their origins and effects. *Journal of Humanistic Psychology, 19*, 45-63.
- Cuijpers P., Cristea, I., Ebert, D., Koot, H. M., Auerbach, R., Bruffaerts, R., Kessler, R.C. (2016). Psychological treatment of depression in college students: A metaanalysis. *Depression & Anxiety, 33*(5), 400-414.
- Cuijpers, P., Donker, T., & van Straten, A. (2010). Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A systematic review and meta-analysis. *Psychological Medicine, 40*(12), 1943–1957.
- Cuijpers, P., van Straten, A., Andersson, G., & van Oppen, P. (2008). Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies. *Journal of Consulting and Clinical Psychology, 76*(6), 909– 922.
- Damer, D. E. (2009). Information sessions: A ridiculously easy way to screen for group. In *Innovations in College Counseling*. Symposium conducted at the American College Personnel Association, Washington, D.C. Retrieved from <http://www.myacpa.org/commission-counseling-and-psychological-services-2009-presentation-archive>
- DaSilveira, A., DeSouza, M., & Gomes, W. (2015). Self-consciousness concept and assessment in self-report measures. *Frontiers in Psychology, 6*, 930-930. doi:10.3389/fpsyg.2015.00930
- Dawson, M., Hamson-Utley, J., Hansen, R., & Olpin, M. (2014). Examining the effectiveness of psychological strategies on physiologic markers: Evidence-based suggestions for holistic care of the athlete. *Journal of Athletic Training, 49*(3), 331-337. doi:10.4085/1062-6050-49.1.09
- De Botton, A., & Armstrong, J. (2013). *Art as therapy*. London: Phaidon Press Limited.
- Dicicco-Bloom, B., & Crabtree, B. (2006). The qualitative research interview. *Medical Education, 40*(4), 314–321. <https://doi.org/10.1111/j.1365-2929.2006.02418.x>
- Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71-75.
- Dewey, J. (1934). *Art as experience*. New York: Minton, Balch & Company.

- Dong, N., & Maynard, R. A. (2013). PowerUp!: A tool for calculating minimum detectable effect sizes and minimum required sample sizes for experimental and quasi-experimental design studies. *Journal of Research on Educational Effectiveness*, 6(1), 24-67.
- Donoghue, S. (2000). Projective techniques in consumer research. *Journal of Family Ecology and Consumer Sciences*, 28, 47-53. doi:10.4314/jfec.v28i1.52784
- Drama-Based Instruction. (2019). "Welcome to Drama-Based Instruction!", Retrieved July 15, 2018, from <http://dbp.theatredance.utexas.edu>
- Dubey, B. L., Kumar, R., & Dubey, A. (2018). Somatic inkblot series and the journal of projective psychology & mental health: Inception to silver jubilee. *SIS Journal of Projective Psychology & Mental Health*, 25(1), 5-34.
- Eichler, R. J., & Schwartz, V. (2010). Essential services in college counseling. In Kay, J. & Schwartz, V. (Eds.), *Mental Health Care in the College Community*. London: John Wiley & Sons.
- Eisenberg, D., Downs, M. F., Goberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522-541.
- Ellemers, N., Spears, R., & Doosje, B. (2002). Self and social identity. *Annual Review of Psychology*, 53(1), 161-186.
- Engagement [Def. 3]. (n.d.). In Merriam Webster Online, Retrieved September 15, 2019, from <https://www.merriam-webster.com/dictionary/engagement>.
- Epston, D., White, M., & Murray, K. (1992). A proposal for a re-authoring therapy: Rose's revisioning of her life and a commentary. In S. McNamee & K. Gergan (Eds.), *Therapy as a social construction*. Newbury Park, CA: Sage.
- Esnaola, I., Benito, M., Antonio-Agirre, I., Freeman, J., & Sarasa, M. (2017). Measurement invariance of the satisfaction with life scale (SWLS) by country, gender and age. *Psicothema*, 29(4), 596-601. doi:10.7334/psicothema2016.394
- Esposito, G., Ribeiro, A. P., Gonçalves, M. M., & Freda, M. F. (2017). Mirroring in group counseling: Analyzing narrative innovations. *Small Group Research*, 48(4), 391-419. 10.1177/1046496417697149
- Evans, L. D., Kouros, C., Frankel, S. A., McCauley, E., Diamond, G. S., Schloedt, K. A., & Garber, J. (2014). Longitudinal relations between stress and depressive symptoms in youth: Coping as a mediator. *Journal of Abnormal Child Psychology*.
- Frank, L. K. (1948). *Projective methods*. Springfield, Illinois: C. C. Thomas.
- Feen-Calligan, H., Washington, O. G. M., & Moxley, D. P. (2008). Use of artwork as a visual processing modality in group treatment of chemically dependent minority women. *The Arts in Psychotherapy*, 35(4), 287-295.

- Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods Designs—Principles and practices. *Health Services Research, 48*(6pt2), 2134-2156.
- Figurative Art*. (n.d.). The Tate Museum. Retrieved Feb. 10, 2020, from <https://www.tate.org.uk/art/art-terms/f/figurative-art>
- Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. West Sussex, United Kingdom: Wiley-Blackwell.
- Florida, R., Gates, G., Knudsen, B., & Stolarik, K. (2006). *The university and the creative economy*. Retrieved from http://www.creativeclass.com/creative_class/2006/11/27/university-and-the-creative-economy/
- Fusch, P., Fusch, G. E., & Ness, L. R. (2018). Denzin's paradigm shift: Revisiting triangulation in qualitative research. *Journal of Social Change, 10*(1), 19–32.
- Gallagher, R. P. (2014). *National survey of college counseling directors 2014*. University of Pittsburg, PA: International Association of Counseling Services, Inc. Retrieved from http://www.collegecounseling.org/wp-content/uploads/NCCCS2014_v2.pdf
- Gander, F., Proyer, R. T., & Ruch, W. (2016). Positive psychology interventions addressing pleasure, engagement, meaning, positive relationships, and accomplishment increase well-being and ameliorate depressive symptoms: A randomized, placebo-controlled online study. *Frontiers in Psychology, 7*, 686. doi:10.3389/fpsyg.2016.00686
- Gergen, K. J. (1997). The place of the psyche in a constructed world. *Theory & Psychology, 7*(6), 723-746.
- Gillam, T. (2013). Creativity and mental health care. *Mental Health Practice, 16*(9), 24-30.
- Glesne, C. (2012). *The campus art museum: A qualitative study*. Retrieved from http://www.kressfoundation.org/research/campus_art_museum/
- Goss-Sampson, M. A. (2019). *Statistical analysis in JASP 0.10.2: A guide for students*. July 2019. Retrieved from <https://static.jasp-stats.org/Statistical%20Analysis%20in%20JASP%20-%20A%20Students%20Guide%20v0.10.2.pdf>
- Grant, A. M. (2001). Rethinking psychological mindedness: metacognition, self-reflection, and insight. *Behaviour Change, 18*, 8–17
- Grant, A. M., Franklin, J., & Langford, P. (2002). The self-reflection and insight scale: A new measure of private self-consciousness. *Social Behavior and Personality: An International Journal, 30*(8), 821-835. doi:10.2224/sbp.2002.30.8.821
- Grasgreen, A. (2011, April 5). More patients, less pay. Retrieved from <http://www.insidehighered.com/news/2011/04/052/college%5Fcounseling%5Fdirectors%5Fsurvey-finds-salary-disparity-students-with-anxiety%5Fother%5Fpsychological%5Fproblems>

- Grasso, D. J., Cohen, L. H., Moser, J. S., Hajcak, G., Foa, E. B., & Simons, R. F. (2012). Seeing the silver lining: potential benefits of trauma exposure in college students. *Anxiety, Stress & Coping*, 25(2), 117-136.
- Greene, J. C. (2007). *Mixed methods in social inquiry*. San Francisco, CA: Jossey-Bass.
- Griffen, T. C., Naumann, E., & Hildebrandt, T. (2018). Mirror exposure therapy for body image disturbances and eating disorders: A review. *Clinical Psychology Review*, 65, 163-174.
- Griffiths, S. (2005). The mental health benefits of arts and creativity for young African and Caribbean men. *Mental Health Review Journal*, 10(2), 27-31.
- Guilfoyle, M. (2015). Listening in narrative therapy: Double listening and empathic positioning. *South African Journal of Psychology*, 45(1), 36-49.
- Gussak, D. (2007). The effectiveness of art therapy in reducing depression in prison populations. *International Journal of Offender Therapy and Comparative Criminology*, 51(4), 444-460.
- Gwinner, K. (2016). Arts, therapy, and health: Three stakeholder viewpoints related to young people's mental health and wellbeing in Australia. *Arts in Psychotherapy*, 50, 9-16.
- Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, 126(5), 748-769.
- Hagerty, B. M., & Williams, N. A. (1999). The effects of sense of belonging, social support, conflict, and loneliness on depression. *Nursing Research*, 48(4), 215-219.
- Hallford, D. J., & Mellor, D. (2017). Development and validation of the awareness of narrative identity questionnaire (ANIQ). *Assessment*, 24(3), 399-413.
- Halloran, L. (2016). The value of self-reflection. *The Journal for Nurse Practitioners*, 12(10), e437-e438.
- Hamil, S. (2016). The art museum as a therapeutic space (Doctoral dissertation). Retrieved from *Expressive Therapies Dissertations* (31), http://digitalcommons.lesley.edu/expressive_dissertations/31
- Hancock, T. D. (2001). *Painter and Loid Struggle for Soul Control*. [Mixed media on canvas]. Austin, TX: The University of Texas at Austin Blanton Museum of Art.
- Handelzalts, J. E., Fisher, S., & Naot, R. (2014). Object relations and real life relationships: A cross method assessment. *Scandinavian Journal of Psychology*, 55(2), 160-167.
- Harel, Y., Shechtman, Z., & Cutrona, C. (2012). Exploration of support behavior in counseling groups with counseling trainees. *The Journal for Specialists in Group Work*, 37(3), 202-217.
- Harrington, R., & Loffredo, D. A. (2011). Insight, rumination, and self-reflection as predictors of wellbeing. *The Journal of Psychology*, 145(1), 39-57.

- Hauser, S. T., Allen, J., & Golden, E. (2006). *Out of the woods: Tales of resilient teens*. Cambridge, MA: Harvard University Press
- Hauser, S. T., Golden, E., & Allen, J. (2006). Narrative in the study of resilience. *The Psychoanalytic Study of the Child*, 61, 205-27.
- Heeringa, S. G., West, B. T., & Berglund, P. A. (2010). *Applied survey data analysis* (1st ed.). Boca Raton: Chapman and Hall/CRC.
- Heise, D. (2014). Steeling and resilience in art education. *Art Education*, 67(3), 26-30. doi:10.1080/00043125.2014.11519270
- Henning, M. A., Krägeloh, C. U., Dryer, R., Moir, F., Billington, R., & Hill, A. G. (Eds.). (2018). *Wellbeing in higher education : Cultivating a healthy lifestyle among faculty and students*. Retrieved from <https://ebookcentral.proquest.com>
- Hesse-Biber, S. (2010). *Mixed methods research: Merging theory with practice*. New York: Guilford Publications.
- Hesse-Biber, S. (2015). Mixed methods research: The “Thing-ness” problem. *Qualitative Health Research*, 25(6), 775-788. doi:10.1177/1049732315580558
- Hill, C. E. (1990). Exploratory in-session process research in individual psychotherapy: A review. *Journal of Consulting and Clinical Psychology*, 58, 288–294.
- Hill, N. L. (2011). Externalizing conversations: Single session narrative group interventions in a partial hospital setting. *Clinical Social Work Journal*, 39(3), 279-287.
- Hofmann, S. G., & Weinberger, J. L. (2013). *The art and science of psychotherapy*. New York: Routledge. doi:10.4324/9780203943427
- Hoglend, P., & Hagtvet, K. (2019). Change mechanisms in psychotherapy: Both improved insight and improved affective awareness are necessary. *Journal of Consulting and Clinical Psychology*, 87(4), 332-344. doi:10.1037/ccp0000381
- Holly, M. A. (1996). *Past looking: Historical imagination and the rhetoric of the image*. Ithaca, NY: Cornell University Press.
- Holman, E. S., Harbour, C. K., Azevedo Said, R. V., & Figueroa, M. E. (2016). Regarding realities: Using photo-based projective techniques to elicit normative and alternative discourses on gender, relationships, and sexuality in Mozambique. *Global Public Health*, 11(5/6), 719-741. doi:10.1080/17441692.2016.1170870
- Huet, V., & Holttum, S. (2016) Art therapy-based groups for work-related stress with staff in health and social care: An exploratory study. *The Arts in Psychotherapy*, 50, 46-57. <https://doi.org/10.1016/j.aip.2016.06.003>.

- Hull, D., & Saxon, T. (2009). Negotiation of Meaning and Co-Construction of Knowledge: An Experimental Analysis of Asynchronous Online Instruction. *Computers & Education*, 52(3), 624–639. <https://doi.org/10.1016/j.compedu.2008.11.005>
- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3-10.
- Ibrahim, A. K., Kelly, S. J., Adams, C. E., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research*, 47(3), 391-400. doi:10.1016/j.jpsychires.2012.11.015
- Ingamells, K. M. (2016). Learning how to counter-story in narrative therapy (With David Epston and Wilbur the Warrior). *Journal Of Systemic Therapies*, 35(4), 58-71.
- Jacobs, E. E., Masson, R. L., Harvill, R. L., & Schimmel, C. I. (2012). *Group counseling: Strategies and skills* (7th ed.). Belmont, CA: Brooks/Cole-Cengage Learning.
- JASP Team (2019). JASP (Version 0.11.1)[Computer software].
- Jemstedt, A. (2000). Potential space: The place of encounter between inner and outer reality. *International Forum Of Psychoanalysis*, 9(1/2), 124-131.
- Jiménez, L. A. (1987). *Border Crossing* [Painted fiberglass]. Austin, TX: The University of Texas at Austin Blanton Museum of Art.
- Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112–133.
- Johnson, C. S., & Stapel, D. A. (2011). Reflection vs. self-reflection: Sources of self-enhancement determine behavioral outcomes. *Social Psychology*, 42(2), 144-151.
- Johnson, R. B., & Turner, L. S. (2003). Data collection strategies in mixed methods research. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 297-319). Thousand Oaks, CA: Sage.
- Jones, S. R., Watt, S. K., Levine, H., & Watt, S. K. (2017). *College student mental health*. New York: Jossey-Bass.
- Karkou, V., & Sanderson, P. (2006). *Arts therapies: a research based map of the field*. London: Elsevier Churchill Livingstone.
- Keppel, G., & Zedeck, S. (1989). *Data analysis for research designs: Analysis-of-variance and multiple regression/correlation approaches*. New York: W.H. Freeman.
- Kim, Y. L., & Lee, S. M. (2015). Effect of satisfaction in major at university on academic achievement among physical therapy students. *Journal of Physical Therapy Science*, 27, 405–409.
- Kirsch, D. J., Pinder-Amaker, S. L., Morse, C., Ellison, M. L., Doerfler, L. A., & Riba, M. B. (2014). Population-based initiatives in college mental health: Students helping students to

- overcome obstacles. *Current Psychiatry Reports*, 16(12), 1-8. doi:10.1007/s11920-014-0525-1
- Komarraju, M., Karau, S. J., & Schmeck, R. R. (2009). Role of the big five personality traits in predicting college students' academic motivation and achievement. *Learning and Individual Differences*, 19(1), 47-52. doi:10.1016/j.lindif.2008.07.001
- Korchin, S. J. (1976). *Modern clinical psychology: Principles of intervention in the clinic and community*. New York: Basic Books.
- Kris, E. (1952). *Psychoanalytic explorations in art*. New York, NY: International Universities Press.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9): 606-613.
- Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*, 32, 509-521.
- Lakdawalla, Z., Hankin, B.L. & Mermelstein, R. (2007). Cognitive theories of depression in children and adolescents: A conceptual and quantitative review. *Clinical Child and Family Psychology Review*, (10)1, 1-24.
- Lanceley, A., Noble, G., Johnson, M., Balogun, N., Chatterjee, H., & Menon, U. (2011). Investigating the therapeutic potential of a heritage-object focused intervention: A qualitative study. *Journal of Health Psychology*, 17(6), 809-820.
- Lambert, M. J., Burlingame, G. M., Umphress, V., Hansen, N. B., Vermeersch, D. A., Clouse, G. C., & Yanchar, S. C. (1996). The reliability and validity of the outcome questionnaire. *Clinical Psychology & Psychotherapy*, 3(4), 249-258.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer; New York: 1984.
- Lebeau, V. (2009). The arts of looking: D.W. Winnicott and Michael Haneke. *Screen*, 50(1), 35–44. <https://doi-org.ezproxy.lib.utexas.edu/10.1093/screen/hjn083>
- Lee, E.H. (2012). Review of the psychometric evidence of the perceived stress scale. *Asian Nursing Research*, 6(4), 121-127.
- Lee, B., & Jeong, H. I. (2019) Construct validity of the perceived stress scale (PSS-10) in a sample of early childhood teacher candidates. *Psychiatry and Clinical Psychopharmacology*, 29(1), 76-82.
- Leech, N. L., & Onwuegbuzie, A. J. (2009). A typology of mixed methods research designs. *Quality & Quantity*, 43(2), 265-275. doi:10.1007/s11135-007-9105-3
- Leite, C., & Kuiper, N. A. (2008). Client uncertainty and the process of change in psychotherapy: The impact of individual differences in self-concept clarity and intolerance of uncertainty. *Journal of Contemporary Psychotherapy*, 38(2), 55-64.

- Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of Psychiatric Research*, 45(5), 626-629.
10.1016/j.jpsychires.2010.10.008
- Lewin, T. (2011, January 26). Record levels of stress found in college freshmen. *New York Times*. Retrieved from <http://www.nytimes.com/2011/01/27/education/27colleges.html>
- Lewis, N. W. (1958). *La Puerto Del Sol* [Oil on linen canvas]. Austin, TX: The University of Texas at Austin Blanton Museum of Art.
- Lieberman, J. S. (2011). Common ground between psychoanalysis and art: Introduction to Wilson and Miller. *Journal of the American Psychoanalytic Association*, 59(1), 85-87.
- Linde, C. (1993). *Life stories: The creation of coherence*. New York, NY: Oxford University Press.
- Lister, E.D. (1982). Forced silence: A neglected dimension of trauma. *American Journal of Psychiatry*, 139, 872-876.
- Lingo, E. L., & Tepper, S. J. (2010). The creative campus: Time for a 'c' change. *The Chronicle of Higher Education*, 57(8), A28-A29.
- Lopes, R. T., Gonçalves, M. M., Machado, P. P., Sinai, D., Bento, T., & Salgado, J. (2014). Narrative therapy vs. cognitive-behavioral therapy for moderate depression: Empirical evidence from a controlled clinical trial. *Psychotherapy Research*, 24(6), 662-674.
doi:10.1080/10503307.2013.874052
- Lopes, R. T., Gonçalves, M. M., Fassnacht, D. B., Machado, P. P. P., & Sousa, I. (2014). Long-term effects of psychotherapy on moderate depression: A comparative study of narrative therapy and cognitive-behavioral therapy. *Journal of Affective Disorders*, 167, 64-73.
<https://doi.org/10.1016/j.jad.2014.05.042>.
- Lopes, R. T., Gonçalves, M. M., Fassnacht, D. B., Machado, P. P. P., & Sousa, I. (2015). Time to improve and recover from depressive symptoms and interpersonal problems in a clinical trial. *Clinical Psychology & Psychotherapy*, 22, 97-105.
- Love, J., Selker, R., Marsman, M., Jamil, T., Dropmann, D., Verhagen, J., Ly, A., Gronau, Q., Smira, M., Epskamp, S., Matzke, D., Wild, A., Knight, P., Rouder, J., Morey, R., & Wagenmakers, E. (2019). JASP: Graphical statistical software for common statistical designs. *Journal of Statistical Software*, 88(2), 1-17. doi:10.18637/jss.v088.i02
- Löwe, B., Decker, O., Müller, S., Brähler, E., Schellberg, D., Herzog, W., & Herzberg, P. Y. (2008). Validation and standardization of the generalized anxiety disorder screener (GAD-7) in the general population. *Medical Care*, 46(3), 266-274.
- Lozano, L. (1964). *Ream* [Oil on canvas]. Austin, TX: The University of Texas at Austin Blanton Museum of Art.

- Lucassen, P. J., Pruessner, J., Sousa, N., Almeida, O. F. X., Van Dam. A. M., Rajkowska, G., Swaab, D. F., & Czeh, B. (2014). Neuropathology of stress. *Acta Neuropathologica*, 127(1), 109-135. doi:10.1007/s00401-013-1223-5
- Lust, K., Golden, D., Bartkus, A., et al. (2015). *Health and health-related behaviors*. Minneapolis, MN: Regents of the University of Minnesota. Retrieved from https://boynton.umn.edu/sites/boynton.umn.edu/files/2017-09/UofMTwinCities_CSHSReport_2015.pdf
- Lyubomirsky, S., Kasri F., & Zehm, K. (2003). Dysphoric rumination impairs concentration on academic tasks. *Cognitive Therapy and Research*, 27, 309-330.
- Mahrer, A. R. (1989). *How to do experiential psychotherapy: A manual for practitioners*. Ottawa, Canada: University of Ottawa Press.
- Malpass, A., Shaw, A., Kessler, D., & Sharp, D. (2010). Concordance between PHQ-9 scores and patients' experiences of depression: A mixed methods study. *British Journal of General Practice*, 60(575), e231-e238. doi:10.3399/bjgp10X502119
- Marsden, E., & Torgerson, C. J. (2012). Single group, pre- and post-test research designs: Some methodological concerns. *Oxford Review of Education*, 38(5), 583-616.
- Martin, J., Sugarman, J., & Slaney, K. L. (2015). Narrative psychology and life stories. (pp. 217-233). Chichester, UK: John Wiley & Sons, Ltd.
- Masterson, M. (2018). Self-Discovery Through the Experiential Co-Construction of Life Stories in the Foreign Language Classroom. *Journal of Experiential Education*, 41(4), 341-355. <https://doi.org/10.1177/1053825918785396>
- Matos, M., Santos, A., Goncalves, M., & Martins, C. (2009). Innovative moments and change in narrative therapy. *Psychotherapy Research*, 19(1), 68-80.
- Matto, H. (2005). A bio-behavioral model of addiction treatment: Applying dual representation theory to craving management and relapse prevention. *Substance Use and Misuse*, 40(4), 529-541.
- Matto, H., Corcoran, J., & Fassler, A. (2003). Integrating solution-focused and art therapies for substance abuse treatment: guidelines for practice. *The Arts in Psychotherapy*, 30(5), 265-272.
- Mayer, M. M. (2005). A postmodern puzzle: Rewriting the place of the visitor in art museum education. *Studies in Art Education*, 46(4), 356-368. doi:10.1080/00393541.2005.11651796
- Mayer, M. M. (2014). I cannot tell a lie. In J. B. Acuff & L. Evans (Eds.), *Multiculturalism in art museums today* (pp. 299-316). London, England: Rowman & Littlefield.
- Mayoh, J., & Onwuegbuzie, A. J. (2013). Toward a conceptualization of mixed methods phenomenological research. *Journal of Mixed Methods Research*, 9(1), 91-107.

- McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: Morrow.
- McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, 5(2), 100-122.
- McCarthy, C. J., Whittaker, T. A., Boyle, L. H., & Eyal, M. (2017). Quantitative approaches to group research: Suggestions for best practices. *The Journal for Specialists in Group Work*, 42(1), 3-16. doi:10.1080/01933922.2016.1264520
- McClelland, D. C., Koestner, R., & Weinberger, J. (1989). How do self-attributed and implicit motives differ? *Psychological Review*, 96(4), 690-702.
- McEneaney, A. S., & Gross, J. M. (2009) Introduction to the special issue: Group interventions in college counseling centers. *International Journal of Group Psychotherapy*, 59(4), 455-460.
- McKeown, E., Weir, H., Berridge, E., Ellis, L., & Kyratsis, Y. (2015;2016;). Art engagement and mental health: Experiences of service users of a community-based arts programme at tate modern, london. *Public Health*, 130, 29-35.
- McLeod, J., 1951. (1997). *Narrative and psychotherapy* (1st ed.). London: Sage.
- McNeish, D. M., & Stapleton, L. M. (2016;2014;). The effect of small sample size on two-level model estimates: A review and illustration. *Educational Psychology Review*, 28(2), 295-314. doi:10.1007/s10648-014-9287-x
- Meaney-Tavares, R., & Hasking, P. (2013). Coping and regulating emotions: A pilot study of a modified dialectical behavior therapy group delivered in a college counseling service. *Journal of American College Health*, 61(5), 303-309.
- Measurement Instrument Database for the Social Sciences. (2017). *Satisfaction With Life Scale*. Retrieved from <http://www.midss.org/content/satisfaction-life-scale-swls>
- Mercer, A., Warson, E., & Zhao, J. (2010). Visual journaling: An intervention to influence stress, anxiety and affect levels in medical students. *The Arts in Psychotherapy*, 37(2), 143–148.
- Meyer, W. J., Morrison, P., Lombardero, A., Swingle, K., & Campbell, D. G. (2016). College students' reasons for depression nondisclosure in primary care. *Journal of College Student Psychotherapy*, 30(3), 197-205.
- Miller, C. L. (1993). The effects of art history-enriched art therapy on anxiety, time on task, and art product quality. *Art Therapy: Journal of the American Art Therapy Association*, 10(4), 194-200.
- Miller, J., & Casper, S. T. (2015). Dredging and projecting the depths of personality: The thematic apperception test and the narratives of the unconscious. *Science in Context*, 28(1), 9-30.

- Miller, N. E., Luborsky, L., Barber, J. P., & Docherty, J. P. (Eds.), (1993). *Psychodynamic treatment research: A handbook for clinical practice*. New York: Basic Books.
- Miller, R. M., Chan, C. D., & Farmer, L. B. (2018). Interpretative phenomenological analysis: A contemporary qualitative approach. *Counselor Education and Supervision*, 57(4), 240-254. doi:10.1002/ceas.12114
- Mobley, A. K. (2008). College student depression: Counseling BSilly. *Journal of College Counseling*, 11(1), 87-96.
- Mosek, A. A., & Gilboa, R. B. (2016). Integrating art in psychodynamic-narrative group work to promote the resilience of caring professionals. *The Arts in Psychotherapy*, 51, 1-9.
- Mowbray, C. T., Megivern, D., Mandiberg, J. M., Strauss, S., Stein, C. H., Collins, K., Kopels, S., Curlin, C., & Lett, R. (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry*, 76(2), 226-237.
- National Institutes of Health (2019). *Five things you should know about stress*. Retrieved from <https://www.nimh.nih.gov/health/publications/stress/index.shtml>.
- National Institutes of Health, Office of Behavioral and Social Sciences Research. (2011). *Best practices for mixed methods research in the health sciences*. Washington, DC: National Institutes of Health.
- Nyer, M., Holt, D. J., Pedrelli, P., Fava, M., Ameral, V., Cassiello, C. F., & Farabaugh, A. (2013). Factors that distinguish college students with depressive symptoms with and without suicidal thoughts. *Annals of Clinical Psychiatry : Official Journal of the American Academy of Clinical Psychiatrists*, 25(1), 41–49.
- O’Keefe, P. (2013). A sense of belonging: improving student retention. *College Student Journal*, 47(4): 605-614.
- Olujimi, K. (2017). *Fathom* [Installation with 6 chandeliers, rubber inner tubes, wooden pallets, variable dimensions]. Austin, TX: The University of Texas at Austin Blanton Museum of Art, <https://blantonmuseum.org/rotation/kambui-olujimi-zulu-time/>
- O'Neill, M. (2010). Cultural attendance and public mental health: From research to practice. *Journal of Public Mental Health*, 9(4), 22-29.
- Owen, J., Thomas, L., & Rodolfa, E. (2012). Stigma for seeking therapy. *The Counseling Psychologist*, 41(3), 857-880.
- Pachucki, M. A., Lena, J. C., & Tepper, S. J. (2010). Creativity narratives among college students: sociability and everyday creativity. *Sociological Quarterly*, 51(1), 122-149.
- Papagiannaki, A., & Shinebourne, P. (2016). The contribution of creative art therapies to promoting mental health: Using interpretative phenomenological analysis to study therapists’ understandings of working with self-stigmatisation. *The Arts in Psychotherapy*, 50, 66-74

- Papiasvili, E. D., & Mayers, L. A. (2011). Psychoanalysis and art: Dialogues in the creative process. *International Forum Of Psychoanalysis*, 20(4), 193-195.
- Pasupathi, M., & Hoyt, T. (2009). The development of narrative identity in late adolescence and emergent adulthood: The continued importance of listeners. *Developmental Psychology*, 45(2), 558-574.
- Pavot, W. & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *Journal of Positive Psychology*, 3(2):137-152.
- Peacock, K. (2012). Museum education and art therapy: Exploring an innovative partnership. *Art Therapy: Journal of the American Art Therapy Association*, 29(3), 133-137.
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry : The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 39(5), 503–511. <http://doi.org/10.1007/s40596-014-0205-9>
- Penland, E. A., Masten, W. G., Zelhart, P., Fournet, G. P., & Callahan, T. A. (2000). Possible selves, depression and coping skills in university students. *Personality and Individual Differences*, 29(5), 963-969. doi:10.1016/S0191-8869(99)00247-0
- Penna, M. R. (2000). Art: A feasible illusion. *International Forum Of Psychoanalysis*, 9(1/2), 51-53.
- Pepinsky, H. (1978). Application of informal projective methods in the counseling interview. *Educational and Psychological Measurement*, 7, 135-140.
- Pfizer (n.d.). *Instructions for patient health questionnaire (PHQ) and GAD-7 measures*. Retrieved from <https://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf>
- Phillips, L. (2017). Stories of empowerment. *Counseling Today: a Publication of the American Counseling Association*. Retrieved from <http://ct.counseling.org/2017/09/stories-of-empowerment/>
- Pinto, E. R. (2014). Conceitos fundamentais dos métodos projetivos [Fundamental concepts of projective methods]. *Ágora: Estudos em Teoria Psicanalítica*, 17(1), 135–153.
- Plano Clark, V. L. (2017). Mixed methods research. *The Journal of Positive Psychology*, 12(3), 305-306. doi:10.1080/17439760.2016.1262619
- Polkinghorne, D. (1991). Two conflicting calls for methodological reform. *The Counseling Psychologist*, 19(1), 103-114.
- Ponterotto, J. G. (2010). Multicultural personality: An evolving theory of optimal functioning in culturally heterogeneous societies. *The Counseling Psychologist*, 38(5), 714-758.

- Project Zero. (n.d.). *What is PZ?* Project Zero. Retrieved December 10, 2019, from <https://pz.harvard.edu/who-we-are/about>
- Rankanen, M. (2016). Clients' experiences of the impacts of an experiential art therapy group. *The Arts in Psychotherapy, 50*, 101-110.
- Reese, E., Haden, C. A., Baker-Ward, L., Bauer, P., Fivush, R., & Ornstein, P. A. (2011). Coherence of personal narratives across the lifespan: A multidimensional model and coding method. *Journal of Cognition and Development, 12*(4), 424-462.
- Reiser, J. E., Murphy, S. L., & McCarthy, C. J. (2016). Stress prevention and mindfulness: A psychoeducational and support group for teachers. *The Journal for Specialists in Group Work, 41*(2), 117-139. doi:10.1080/01933922.2016.1151470
- Remler, D. K., & Van Ryzin, G. G. (2011). *Research methods in practice: Strategies for description and causation*. Thousand Oaks, Calif: SAGE Publications.
- Rennie, D. (2012). Qualitative research as methodical hermeneutics. *Psychological Methods, 17*(3), 385-398. doi:10.1037/a0029250
- Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). My story: The use of narrative therapy in individual and group counseling. *Journal of Creativity in Mental Health, 9*(1), 99-110. doi:10.1080/15401383.2013.870947
- Rietveld, T., & van Hout, R. (2017). The paired t test and beyond: Recommendations for testing the central tendencies of two paired samples in research on speech, language and hearing pathology. *Journal of Communication Disorders, 69*, 44-57.
- Rizq, R. (2005). Ripley's Game: Projective identification, emotional engagement, and the counselling psychologist. *Psychology & Psychotherapy: Theory, Research & Practice, 78*(4), 449-464. doi:10.1348/147608305X42703
- Roberts, C., & Stark, P. (2008). Readiness for self-directed change in professional behaviours: Factorial validation of the Self-reflection and insight scale. *Medical Education, 42*(11), 1054-1063. doi:10.1111/j.1365-2923.2008.03156.x
- Roche, R., Farina, F., & Commins, S. (2018). *Why science needs art: From historical to modern day perspectives* (1st ed.). London: Routledge, Taylor & Francis Group.
- Rodriguez Vega, B., Bayon, C., Palaotarrero, A., & Liria, A. (2014). Mindfulness-based narrative therapy for depression in cancer patients. *Clinical Psychology & Psychotherapy, 21*, 411-419.
- Rogers, C. R. (1944). The development of insight in a counseling relationship. *Journal of Consulting Psychology, 8*, 331-341.
- Roth, R. M., Isquith, P.K., & Goia, G. A. (2005). *Behavior Rating Inventory of Executive Function – Adult Version (BRIEF-A)*. Lutz, FL: Psychological Assessment Resources.

- Roth, R., Lance, C., Isquith, P., Fischer, A., & Giancola, P. (2013). Confirmatory factor analysis of the behavior rating inventory of executive function-adult version in healthy adults and application to attention-Deficit/Hyperactivity disorder. *Archives of Clinical Neuropsychology*, 28(5), 425-434. 10.1093/arclin/act031
- Russell, S., & Carey, M. (2004). *Narrative therapy: Responding to your questions*. Adelaide, South Australia: Dulwich Centre Publications.
- Russell, J. & Spencer, T. (Eds)s. (2000). *Art on campus: The college art association's official guide to american college and university art museums and exhibition galleries*. Monkton, MD: Friar's Lantern, Inc.
- Rutter, L. A., & Brown, T. A. (2017). Psychometric properties of the generalized anxiety disorder scale-7 (GAD-7) in outpatients with anxiety and mood disorders. *Journal of Psychopathology and Behavioral Assessment*, 39(1), 140-146.
- Rvachew, S. & Matthews, T. (2017). Demonstrating treatment efficacy using the single subject randomization design: a tutorial and demonstration. *Journal of Communication Disorders*, 67, 1-13.
- Sales, J. M., Merrill, N.A., & Fivush, R. (2013) Does making meaning make it better? Narrative meaning making and wellbeing in at-risk African-American adolescent females. *Memory*, 21(1), 97-110.
- Salom, A. (2008). The therapeutic potentials of a museum visit. *International Journal of Transpersonal Studies*, 27(1), 97-103. Retrieved from <http://digitalcommons.ciiis.edu/ijts-transpersonalstudies/vol27/iss1/13>
- Sandmire, D. A., Gorham, S. R., Rankin, N. E., & Grimm, D. R. (2012). The influence of art making on anxiety: a pilot study. *Art Therapy: The Journal of the American Art Therapy Association*, 29(2), 68-73.
- Santa Rita, E. (1998). The emerging narrative approach to counseling and psychotherapy. *Journal of College Student Psychotherapy*, 13(1), 49-74.
- Saragnano, G., & Seulin, C. (Eds). (2015). *Playing and reality revisited : a new look at Winnicott's classic work*. London, England: Karnac Books.
- Sargent, J. T., Crocker, J., & Luhtanen, R. K. (2006). Contingencies of self-worth and depressive symptoms in college students. *The Journal of Social and Clinical Psychology*, 25(6), 628-646.
- Sauter, F. M., Heyne, D., Blöte, A. W., van Widenfelt, B. M., & Westenberg, P. M. (2010). Assessing therapy-relevant cognitive capacities in young people: Development and psychometric evaluation of the self-reflection and insight scale for youth. *Behavioural and Cognitive Psychotherapy*, 38(3), 303-317.
- Schafer, R. (1980). Narration in the psychoanalytic dialogue. *Critical Inquiry*, 7, 29-53.

- Schafer, R. (1983). *The analytic attitude*. New York: Basic.
- Schnetz, M. (2004). *The healing flow: Artistic expression in therapy, creative arts and the process of healing: an image/word approach inquiry*. London, England: Jessica Kingsley Publishers.
- Schutt, P. E., Kung, S., Clark, M. M., Koball, A. M., & Grothe, K. B. (2016). Comparing the beck depression inventory-II (BDI-II) and patient health questionnaire (PHQ-9) depression measures in an outpatient bariatric clinic. *Obesity Surgery*, 26(6), 1274-1278.
- Schwarzbaum, S., & Thomas, A. J. (2008). *Dimensions of multicultural counseling: A life story approach*. Los Angeles: Sage Publications.
- Schwartz, A. & Schwartz, R. M. (1993). *Depression, theories and treatments: Psychological, biological, and social perspectives*. New York, NY: Columbia University Press.
- Scott, R. W. (2003). *A mixed-methods study examining the effectiveness of an integrated creative arts therapies intervention on a group of depressed adolescent females* (Doctoral dissertation, Concordia University (Canada), 2003). ProQuest Dissertations Publishing
- Sees, D., & Unrath, K. (2015). The yellow boat project: How art heals, connects, and Transforms/Le projet «Yellow boat» comment l'art guérit, touche at transforme. *Canadian Review of Art Education, Research and Issues*, 42(1), 44.
- Selig, J. P., Trott, A., & Lemberger, M. (2017). Multilevel Modeling for Research in Group Work. *The Journal for Specialists in Group Work*, 42(2), 135-151.
- Seligman, M. E. P. (2002). *Authentic happiness*. New York, NY: Simon and Schuster.
- Semmler, P., & Williams, C. (2000). Narrative therapy: A storied context for multicultural counseling. *Journal of Multicultural Counseling and Development*, 28(1), 51-62.
- Shannonhouse, L., Myers, J., Barden, S., Clarke, P., Weimann, R., Forti, A., Moore-Painter, T., Knutson, T., & Porter, M. (2014). Finding your new normal: Outcomes of a wellness-oriented psychoeducational support group for cancer survivors. *Journal for Specialists in Group Work*, 39(1), 3-28.
- Shatkin, J. P., Diamond, U., Zhao, Y., DiMeglio, J., Chodaczek, M., & Bruzzese, J. (2016). Effects of a risk and resilience course on stress, coping skills, and cognitive strategies in college students. *Teaching of Psychology*, 43(3), 204-210.
- Shewchuk, R. M., Elliott, T. R., MacNair-Semands, R. R., & Harkins, S. (1999). Trait influences on stress appraisal and coping: An evaluation of alternative frameworks. *Journal of Applied Social Psychology*, 29, 685–704. 10.1111/j.1559-1816.1999.tb02019.x
- Silvia, P. J., & Phillips, A. G. (2011). Evaluating self-reflection and insight as self-conscious traits. *Personality and Individual Differences*, 50(2), 234-237.

- Singer, J. A. (2004). Narrative identity and meaning making across the adult lifespan: An introduction. *Journal of Personality*, 72(3), 437-460.
- Sivis-Cetinkaya, R. (2013). Turkish college students' subjective wellbeing in regard to psychological strengths and demographic variables: Implications for college counseling. *International Journal for the Advancement of Counselling*, 35(4), 317-330.
- Smith, J. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27.
- Smith, J., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse. *Psychology & Health*, 11, 261-271.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J. K. (2014a). *The museum effect: How museums, libraries, and cultural institutions educate and civilize society*. Lanham, Maryland: Rowman & Littlefield.
- Smith, J. K. (2014b). Art as mirror: Creativity and communication in aesthetics. *Psychology of Aesthetics, Creativity, and the Arts*, 8, 110-118.
- Smith, J. K., & Smith, L. (2001). Spending time on art. *Empirical Studies of the Arts*, 19, 229-236.
- Soria, K. M., & Stebleton, M. J. (2013). Social capital, academic engagement, and sense of belonging among working-class college students. *College Student Affairs Journal*, 31(2), 139.
- Spear, B. I. (2017). *Examining the development of sense of coherence in the lgb college student population and its relationship with protecting against distress and suicidality* (Doctoral dissertation). Retrieved from The University of Texas at Austin Scholar Works.
- Spence, D.P. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York: Norton.
- Spence, D.P. (1986). Narrative smoothing and clinical wisdom. In T.R. Sarbin (Ed.). *Narrative psychology: The storied nature of human conduct*, pp. 211-232. New York, NY: Praeger.
- Spencer, E. (2012). Art, potential space, and psychotherapy: A museum workshop for licensed clinical social workers. *Social Work Education*, 31(6), 778-784.
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092

- Stalikas, A., Rogan, K., & Berkovic, M. (1996). Insight in counseling and psychotherapy: Measurement and conceptual issues. *Journal of Psychotherapy Integration*, 6(3), 265-279.
- Stein, M. I. (1955). *The thematic apperception test: An introductory manual for its clinical use with adults* (Rev. [i.e. 2d] ed.). Cambridge, Mass: Addison-Wesley Pub. Co.
- Steger, M., & Shin, J. Y. (2010). The relevance of the meaning in life questionnaire to therapeutic practice: A look at initial evidence. *The International Forum for Logotherapy*, 33, 95-104.
- Stokstad, M., & Cothren, M. W. (2018). *Art history (Sixth ed.)*. Upper Saddle River: Pearson.
- Storey, R., Gapen, M. & Sacco, J. S. (2014). Projective techniques and psychological assessment in disadvantaged communities. *International Journal of Applied Psychoanalytic Studies*, 11(2), 114–129. doi:10.1002/aps.1404
- Strayhorn, T. L. (2012). *College students' sense of belonging*. New York, NY: Routledge.
- Stroud, C. B., Davila, J., & Moyer, A. (2008). The relationship between stress and depression in first onsets versus recurrences: A meta-analytic review. *Journal of Abnormal Psychology*, 117(1), 206-213. doi:10.1037/0021-843X.117.1.206
- Subject pool participants. (December, 2017). Retrieved from <https://education.utexas.edu/departments/educational-psychology/information/subject-pool-participants>
- Taylor, J. (2015). Psychometric analysis of the ten-item perceived stress scale. *Psychological Assessment*, 27(1), 90-101. doi:10.1037/a0038100
- Tashakkori, A., & Teddlie, C. (Eds.). (2010). *Sage handbook of mixed methods in social & behavioral research* (2nd ed.). Thousand Oaks, CA: Sage.
- Tepper, S. J. (2006). Taking the measure of the creative campus. *Peer Review*, 8(2), 4.
- Teyber, E. (2006). *Interpersonal process in therapy: An integrative model*. 5th ed. Southbank, Victoria, Australia: Thomson Brooks/Cole.
- Thomas, R. V., & Pender, D. A. (2008). Association for specialists in group work: Best practice guidelines 2007 revisions. *The Journal for Specialists in Group Work*, 33(2), 111–117.
- Tishman, S. (2018). *Slow looking: The art and practice of learning through observation*. New York, NY: Routledge.
- Titov, N., Dear, B. F., McMillan, D., Anderson, T., Zou, J., & Sunderland, M. (2011). Psychometric comparison of the PHQ-9 and BDI-II for measuring response during treatment of depression. *Cognitive Behaviour Therapy*, 40(2), 126-136.
- Tomkins, S. S., & Tomkins, E. J. (1947). *The thematic apperception test: The theory and technique of interpretation*. New York: Grune & Stratton.

- Tovar, E., & Simon, M. A. (2010). Factorial structure and invariance analysis of the sense of belonging scales. *Measurement and Evaluation in Counseling and Development*, 43, 199-217.
- Treadon, C. B., Rosal, M., & Thompson, V. D. (2006). Opening the doors of art museums for therapeutic processes. *The Arts in Psychotherapy*, 33, 288-301.
- Trzcinski, E., & Holst, E. (2008). Subjective wellbeing among young people in transition to adulthood. *Social Indicators Research*, 87(1), 83-109.
- Tseng, W. (2017). An intervention using “Lego Serious-Play” on fostering narrative identity among economically disadvantaged college students in Taiwan. *Journal of College Student Development*, 58(2), 264-282.
- Turner, M., Scott-Young, C. M., & Holdsworth, S. (2017). Promoting wellbeing at university: The role of resilience for students of the built environment. *Construction Management & Economics*, 35(11/12), 707-718.
- Tyler L. Renshaw, & Alex S. Cohen. (2014). Life satisfaction as a distinguishing indicator of college student functioning: Further validation of the two-continua model of mental health. *Social Indicators Research*, 117(1), 319.
- Uttley, L., Stevenson, M., Scope, A., Rawdin, A., & Sutton, A. (2015). The clinical and cost effectiveness of group art therapy for people with non-psychotic mental health disorders: A systematic review and cost-effectiveness analysis. *BMC Psychiatry*, 15(1), 151.
- VanKim, N. A., & Nelson, T. F. (2013). Vigorous physical activity, mental health, perceived stress, and socializing among college students. *American Journal of Health Promotion*, 28(1), 7-15.
- Van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy*, 47, 9-22.
- Van Lith, T., Bullock, L., Horbal, I., & Lvov, A. (2017). A brief evaluation to identify level of satisfaction of art therapy with undergraduate Ukrainian students. *International Journal for the Advancement of Counseling*, 39(3), 282-294.
- Vanheule, S., & Hauser, S. (2007). Helplessness in depression: The unbearable riddle of the other. *Journal of the American Psychoanalytic Association*, 55(1), 314-318.
- Vanheule, S., & Hauser, S. T. (2008). A narrative analysis of helplessness in depression. *Journal of the American Psychoanalytic Association*, 56(4), 1309-1330.
- van der Venet, R., & Serice, S. (2012). Can coloring mandalas reduce anxiety? A replication study. *Art Therapy*, 29(2), 87-92.
- Vick, R. M., & Strauss, B. S. (1997). Assessment of affects: Comparison of ratings of prestructured images with symptom checklist. *Art Therapy: Journal of the American Art Therapy Association*, 14(2), 95-101.

- Vidourek, R. A., King, K. A., Nabors, L. A., & Merianos, A. L. (2014). Students' benefits and barriers to mental health help-seeking. *Health Psychology and Behavioral Medicine*, 2(1), 1009–1022. doi:10.1080/21642850.2014.963586
- Viner, R. (1999). Putting stress in life: Hans Selye and the making of stress theory. *Social Studies of Science*, 29(3), 391–410. doi:10.1177/030631299029003003
- Vitaliano, P.P., Maiuro, R.D., Russo, J., & Becker, J. (1987). Raw versus relative scores in the assessment of coping strategies. *The Journal of Behavioral Medicine*, 10(1), 1–18.
- Vitz, P. (1992). Narratives and counseling, part 1: From analysis of the past to stories about it. *Journal of Psychology and Theology*, 20(1), 11–19.
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal Of Counseling Psychology*, 54(1), 40–50.
- Vredenburg, K., O'Brien, E., & Krames, L. (1988). Depression in college students: Personality and experiential factors. *Journal of Counseling Psychology*, 35(4), 419–425.
- Wadeson, H. (1973). Art techniques used in conjoint marital therapy. *American Journal of Art Therapy*, 12(3), 147–164.
- Wadeson, H. (1980). *Art psychotherapy*. New York, NY: Wiley.
- Walsh, M. (2013). *Art and psychoanalysis*. London, United Kingdom: I. B. Taurus.
- Waters, T. E. A., & Fivush, R. (2015). Relations between narrative coherence, identity, and psychological well-being in emerging adulthood. *Journal of Personality*, 83(4), 441–451.
- Weatherford, R. D. (2017). Estimating the efficiency of therapy groups in a college counseling center. *Journal of College Student Psychotherapy*, 31(3), 231–237.
- Weil, S. E. (1999). From being about something to being for somebody: The ongoing transformation of the American museum. *America's Museums*, 128, 229–258.
- Weiner, I. B. (1996). Some observations on the validity of the rorschach inkblot method. *Psychological Assessment*, 8(2), 206–213. doi:10.1037/1040-3590.8.2.206
- Weiss, R. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.
- Wertz, F. J., Charmaz, K., McMullen, L., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry*. New York, NY: Guilford Press
- White, M. K. (2007). *Maps of narrative practice* (1st ed.). New York: W.W. Norton & Co.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

- Whitehall, A. P., Hill, L. G., Yost, D. M., & Kidwell, K. K. (2016). Being smart is not enough to ensure success: Integrating personal development into a general education course. *The Journal of General Education* 65(3), 241-263.
- Wiehagen, T., Caito, N. M., Sanders Thompson, V., Casey, C. M., Weaver, N. L., Jupka, K., & Kreuter, M. W. (2007). Applying projective techniques to formative research in health communication development. *Health Promotion Practice*, 8, 164–172.
- Wikström, B., Högskolan i Jönköping, Hälsö högskolan, & HHJ, A. f. o. (2001). Works of art: A complement to theoretical knowledge when teaching nursing care. *Journal of Clinical Nursing*, 10(1), 25-32. doi:10.1046/j.1365-2702.2001.00438.x
- Williams, N. (2014). The GAD-7 questionnaire. *Occupational Medicine-Oxford*, 64(3), 224-224.
- Williams, R. (2010). Honoring the personal response. *Journal of Museum Education*, 35(1), 93-102. doi:10.1179/jme.2010.35.1.93
- Winnicott, D.W. (1971). *Playing and reality*. London: Tavistock Publications.
- Xiao, H., Carney, D., Youn, S., Janis, R., Castonguay, L., Hayes, J., & Locke, B. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services*, 14(4), 407-415. doi:10.1037/ser0000130
- Yalom I., & Leszcz M. (2005). *The theory and practice of group psychotherapy*. New York, NY: Basic Books.
- Yin, R. K. (2014). *Case study research: Design and methods*. Los Angeles: Sage.
- Young, T. L., Reysen, R., Eskridge, T., & Ohrt, J. H. (2013). Personal growth groups: Measuring outcome and evaluating impact. *Journal for Specialists in Group Work*, 38(1), 52-67.
- Yzer, M., & Gilasevitch, J. (2019). Beliefs underlying stress reduction and depression help-seeking among college students: An elicitation study. *Journal of American College Health*, 67(2), 153-160. doi:10.1080/07448481.2018.1462828
- Zappavigna, M. (2016). Social media photography: Construing subjectivity in Instagram images. *Visual Communication*, 15(3), 271-292. doi:10.1177/1470357216643220
- Zotova, O., & Karapetyan, L. (2018). Psychological wellbeing and personality mental health. *KnE Life Sciences*, 2018, 982–992.